

CCA Scanning Cover Sheet



2499634

CaseNumber: WR-78,107-01

EventDate: 09/28/2012

Style 1: CHANTHAKOUMMANE, KOSOUL

Style 2:

Event code: 11.071 ADD'L VOLUME

EventID: 2499634

Applicant first name: KOSOUL

Applicant last name: CHANTHAKOUMMANE

Offense: 19.03

Offense code: Capital Murder

Trial court case number: 380-81972-07-HC

Trial court name: 380th District Court

Trial court number: 320430380

County: Collin

Trial court ID: 903

Event map code: GENERIC

Event description: Habeas Corpus - Capital Death

Event description code: 11.071

Remarks: VOL. 2 OF 5 VOLS.

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81972
CAUSE NO. W380-80972-07-HC

RECEIVED IN
COURT OF CRIMINAL APPEALS

SEP 28 2012

Louise Pearson, Clerk

EX PARTE: KOSOUL CHANTHAKOUMMANE

IN THE 380TH DISTRICT COURT

VS.

OF

THE STATE OF TEXAS

COLLIN COUNTY, TEXAS

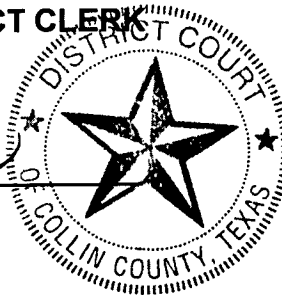
11.071
TRANSCRIPT

VOLUME 2 OF 5

SENT TO THE COURT OF CRIMINAL APPEALS IN AUSTIN, TEXAS ON THIS
THE 25TH DAY OF SEPTEMBER, 2012.

ANDREA STROH THOMPSON, DISTRICT CLERK

BY: Rebecca Henigsmith
DEPUTY



CAUSE NO. W380-80972-07-HC

EX PARTE: KOSOUL CHANTHAKOUMMANE

IN THE 380TH DISTRICT COURT

VS.

OF

THE STATE OF TEXAS

COLLIN COUNTY, TEXAS

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WRIT NO. W380 - 81972 - 07(He)
TRIAL COURT NO. 380-81972-07

IN THE 380th JUDICIAL DISTRICT COURT
COLLIN COUNTY, TEXAS

and returnable to

THE COURT OF CRIMINAL APPEALS
OF TEXAS

EX PARTE KOSOUL CHANTHAKOUMMANE

APPENDIX VOLUME 1

Catherine Clare Bernhard
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State Bar No. 02216575

ATTORNEY FOR APPLICANT

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2010 APR 5 PM 1:08

HANNAH KUNKLE
DISTRICT CLERK
COLLIN COUNTY, TEXAS

BY [Signature] DEPUTY

WRIT NO. W380-81972-07(He)
TRIAL COURT NO. 380-81972-07

IN THE 380th JUDICIAL DISTRICT COURT
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TRIAL COURT NO. 380-81972-07

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Exhibit 1

Affidavit of Komonh Chanthakoummane

AFFIDAVIT

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Komonh Chanthakoummane who upon his oath does hereby swear and affirm that the following statements are true and correct:

1. My name is Komonh Chanthakoummane and I am the father of Kosoul Chanthakoummane. I was born and raised in Laos. I came from an area in the mid or center of Laos, a small town like Mount Holly. ^{My state was Savannakhet. KC} It was farmers mostly, not a lot of industry or restaurants. I was the second child of seven children. My mother had a total of nine children in all, although two of them died when I was quite young. My parents were farmers. It was all done by hand and the children would help. My mother made noodles and in Laos, making noodles took a long time and was done by hand. I would help her. I would go and catch fish for the soup and climb the coconut trees.
2. Helping your family was expected. When I was in the Army I would send money home to help my mother. In Laos, the children grow up and they take care of their parents. Here, it is the reverse. If you tell children here to help, they expect to be paid! In my family, we always had a place to stay and we had food to eat. I went through high school to the equivalent of eleventh grade.
3. I had an uncle who was high up in the Lao Army. He had a region that he controlled and had people and a staff who worked for him. I joined the Lao Army and I worked with my uncle in that region from 1966 until 1969. Sometime around 1968, the Americans sent me to Vientiane to learn the operations of cinema, showing movies. I worked with a Captain Bush. In 1969, the Communists came and the Muong Xui region fell to the Communists. We left Muong Xui in September 1969. After a couple of stops in other places, we ended up going to Thailand for about three months. While there, I received some additional
[^]
The Americans took us to Thailand. KC

training in how to read maps. The Americans supervised this and paid for everything.

4. I moved on to Pok San but got sick with malaria and had to go into the hospital. From the hospital, I went to Vientiane to rest for a month and was then sent to work with a group that put out pamphlets or magazines to send to the troops. It was from there, around 1971, that I was sent to join a troop that watched for Communists. ^{near the Plain of Jars K.C.} There were about thirteen people in my troop but about forty people in my camp. It was like in Iraq where you set up a camp to see if you will have to fight. If I would encounter someone, I would fight. I had combat twice although I always carried my gun with me. I moved around some. We were fired on and I remember I jumped into my bunker and was very scared. After that, we had to move to a different camp. This was a time when I was exposed to gunfire and bombing.
5. Around 1972, I was sent for more learning. I was promoted and then sent back for more basic training, where I was taught to parachute jump. After that, I was sent back to work in the office with the magazines until 1973, when the Communists came.
6. Things changed in 1975. The Communists had taken over by that time and they then sent the people who had been soldiers to Seminar, a reeducation camp. My uncle was placed in one of these camps, where he stayed for the next thirty years. It was also a work camp and we had to build the places where we were going to stay. I remember going to the jungle to cut the wood to make the dorms and rooms for the camp. After about six months, I was given the job to fish for the camp. I asked the boss of the camp if I could have a leave to go to Vientiane. I had married in 1975 and my wife was pregnant. I was given two weeks off and went to see her.

7. After two weeks, I did not want to leave Vientiane, did not want to go back to the reeducation seminar. I stayed and found a place nearby to work. My young sister in law came and told me that she heard that the Communist Army was looking for me. I told my wife that I must go and I went to where my parents lived, on an island in the middle of a large lake. Then my sister in law found me again and told me they were coming around and looking for me again. I told my parents that I had to leave, that I had to go to Thailand. If the Communists found me, they would kill me. Laos was no longer safe for me. I was scared that they would not give me a fair trial, or would capture me and kill me or put me someplace much worse. While trying to make these arrangements to get away, I actually saw several of the people from the old Army. I jumped on a truck and went back to Vientiane before leaving for Thailand. By this time, my wife was six months pregnant and it was too dangerous for her to try to escape. My wife and sister in law came to meet me with rice, pants, shirts and a blanket. I told them to leave me there and I walked away to go and get the boat. That was the last

time I saw my wife. I had 140 Thai money w/ me, \$5. The boat was meant for one person. The boatman told me they would shoot me on sight. He gave me a grenade to use to protect myself. K C

8. That night, I went to Thailand on a boat. I got to Thailand and I had nowhere to go. I had a small bag with my clothes, no shoes and no identification. I got on

back of a taxi type truck and tried to look like I worked on it and that way managed to get through the gates. I had a friend who lived in Thailand, I managed to find him and I lived there with him for about one year.

9. I missed my wife and baby so much but it was far too dangerous for me to go back for them. I saved my money and gave a friend of mine \$1000 of Thai money to go and look for my wife. They came back and say that your home is empty. I waited and then they went back. They say that they learned that she was staying with my parents on the island. It was still far too dangerous for me to go back to

Laos so I say that I have to go and save my life. I never saw my baby or my wife again. I decided I would go to Ubon. I was around twenty-five years old. I met Phong, Chanh and Kominh while I was in Ubon. Phong's mother was from Ubon. Her mother had married a man in the Lao Army and her mother and father were still in Laos. Phong had come to Ubon.

10. I had a rickshaw and I was trying to make money for Phong, myself and the boys, my new family. I had a customer who was from the refugee camp and they asked me why I was not at the camp? They told me that they had food there and we would be taken care of. Phong and I talked about it and decided to go into the refugee camp at Ubon. There was one problem. None of us had any papers and so we went in without any papers. We said that Phong was my wife and that the boys were our children. We had very few possessions. We moved to the camp and moved in with Phong's cousin. They had a place that was one room only. There was no electricity, no indoor water, no indoor toilet. It was so crowded that I had to sleep outside of the room on the ground. I was able to still get outside and to work some. While the Camp had food and they had clothing, it was not enough to take care of my family. By going outside to work, I could have money to buy food for my family. I saved up my money and we were able to build a small hut just for our family. It too was very small without plumbing. My wife got pregnant with Sopha in 1978. There was some medical care there at the Camp but we did not need it. Sopha was born at home in February 1979, in the hut, and I was there.

11. About April, we decided to apply to go to a new country. I remembered that my American boss always had said that if something happened to my country, that I should come to his country. I thought that I must go to America. I found the place to interview to come to America. I learned that you had to have worked for the American Army to be allowed to come to America. I told them that I had

worked for the Army and they gave me a test and asked me to identify certain things. The lady, Miss Bertha, knew of my uncle and she also knew Captain Bush, who had died. I was approved to go to America. Every day for three months, I would go to look at the list to see if my name was there, did I have a sponsor yet. Then one day my name did show up on the list and they showed me on the map where we were going to: Gothenburg Nebraska. They flew us to California on an empty cargo plane, one that had come over to Thailand full of supplies and was returning with us.

12. We waited four or five hours at the airport in Nebraska before our sponsor came. We stayed with a family for four months and the second week there I got a job. My English was not so good back then. If I wanted to speak, I had to carry a dictionary. Three people helped us in Gothenburg: Donna Kaiser, Erin Saitock and I found work at Boyd Grant. I rode a bicycle to work. There was no job training but they did help me to find a job. There was no real aid but when I went to the store to get clothes or food, I would sign something and it would be covered. The sponsor would take my paycheck to cover our rent expenses. When we left there, that help was gone.

13. My wife started feeling sick and she had bad back pain. My sponsor tried to help her, she took my wife to the store, and she bought her aspirin. She was supposed to see a doctor but they just gave her aspirin instead. I began to talk with other people who had come from Thailand and had settled in the area. They told me about other areas that had better schools, had better jobs and maybe more people from Laos. They told me I have to go, if I stay here I will have nothing. I did not want to go but my wife told me that she would leave me if I did not go. A Thai lady told me that she would take us to this other town where there were some Hmong people from Laos. I called my sponsor, Erin Saitock and told her that we were leaving. She gave me a mattress that we put on the truck

and just took our clothes and blankets I could hear her crying and I did not want to go but my family was going to leave me if I did not go. We left and Erin gave me \$100 and Janet gave me \$20. A Thai lady gave me money for gas. By this time, my wife was pregnant with Kosoul.

14. From Nebraska, we went to Illinois, where again we knew no one. I knew of a Hmong person living there and these people led me to his house. I knocked on the door. I did not know this person and they did not know that I was coming. He opened the door and just looked at me. He asked how did I get here and I told him the story of how another Hmong person had connected us, that I wanted to stay with a Lao person. He asked if I had any cousins and when I said no, he said I could come in and stay with them. Then I told him that I had a wife and three children. He told me to go and get them, we could stay with them. We stayed with these people for one month. They helped us with paperwork and helped us to find an apartment. We also met a family from Thailand and they helped us a lot as well. First we were in East Moline and then ended up in Rock Island Illinois. My wife and I went to school to learn English. My wife finally got to see a doctor. He told her that part of her spleen was diseased and that they had to cut it out.

15. Kosoul was born while we lived in Rock Island. I do not remember my wife having any problems or complications with her pregnancy apart from her back pain and the problems with her spleen. They had told us that it would be a difficult pregnancy but it was not. Kosoul arrived one month late and came very quickly. There were no problems with his delivery. *I heard that his cord was wrapped around his neck.* We were living in a two-bedroom apartment in Rock Island. Having a boy made me very happy. My wife seemed to give all of her affection to Monica, Monica was her girl. There was not so much affection for the boys. He was a little fatter than my other children had been as a baby- although we called him Noi, which means small. He was slow to

talk compared to the others and when he spoke it seemed like a slower pace. Kosoul seemed slower to do these things than Monica. By two years old he could speak a little bit.

16. When Kosoul was about a year or a year and a half, we moved again. I was okay to stay in Rock Island. I had a job and was in school. But my wife had a cousin in Columbus Ohio and she wanted to go and stay with them. We had stayed with these same people in the Camp. We asked them to find us an apartment. Kosoul was here from about age one until he was about two and a half. I do not remember any difficulties. He was a mild child. He never cried much, was calm. He did not have temper tantrums, he was easy going. In Laos, small children sleep with their parents and Kosoul slept with us. Maybe once or twice he went to the doctor, I don't remember more.

17. We stayed in Columbus for maybe a year. There were no jobs and I did not work. We applied for assistance. My wife had a best friend from Laos who lived in Rochester New York. Her husband worked for Kodak. We moved to Rochester so my wife could live near her friend. In Rochester, we had three bedrooms. Kosoul continued to sleep with us. We stayed in Rochester for about two years. Kosoul was not a naughty child. He seemed friendly to other children. He did not seem to need much discipline. There were no problems that I remember with temper or with sleeping. His language did not seem as developed as Monica's language had been at that age.

18. My wife had another friend who lived in Spartanburg South Carolina. This friend told us that if you want to work, this is the place to come. She said that even people who don't speak English are getting hired. My wife's English was not every good and she was interested in working. I did not like the idea of moving again. We got to South Carolina and the company that the friend had told us

about had closed. I applied for many jobs but could not get hired. I met someone at my cousin's house who told me that he knew about a job in Charlotte, to come and see him on Monday, that he had a job for me. He drew me a map to his apartment. I showed up at his apartment at six in the morning, knocking on his door. He told me, "wait until 9:00; no one is open yet." He took me around and two weeks later, I had a job at Woonsocket Spinning. That was when we moved to Charlotte. To this point, Kosoul had not done any schooling or Headstart because my wife was at home with him. He went into kindergarten at age five. We lived in a two-bedroom apartment for a couple of years before we bought a house on Fort Street. Kosoul continued to sleep with us. I stayed at Woonsocket until 1988. My wife also went to work when we moved to Charlotte. My wife worked nights and I worked days. My wife had never learned to read or write in Lao and she could not read or write in English either. She could not speak English well at all. If anything needed to be done for Kosoul at school or as far as doctor's appointments, I would always be the one who would have to take time from work to make appointments, to keep appointments.

19. Punishment was very different in Laos from how it is here in America.

Punishment was handled in my Laotian family by lecture to start with. The second time there would be another lecture and a warning that physical punishment would come next. The physical punishment would be more like a hard pinch, done to teach the children. The kinds of things you could get punished for would be not going to school, or having gone into the community to steal something.

20. Here there are agencies that help you with your children, tell you how to do things or help if they are having problems. In Laos those sorts of agencies do not exist. In Laos, it is just the teachers and the parents who deal with the children. The teacher may punish also in Laos, by hitting: this is to teach the children, not

to abuse then. That is what is very different here. Here when kids are not good and don't listen and the parent hits them, the teachers see a mark and they call the cops and you are in trouble. It is different as far as how far things can go. Here, the rights of the children are great, large. In Laos, parents are allowed to discipline. In Laos, children are afraid of their parents, the teachers, the police. When they live here, the children have no fear. We were more strict with the older boys. We would often tell them that the younger ones don't know as much, don't know any better.

21. My wife and I went to visit a cousin of hers. They were doing blue crab fishing in Alabama. There was a boat and traps for hire. They told me that I could make good money doing that. I let a younger brother come and live in our house: paying our mortgage was cheaper for him than rent. I thought I could go and make good money. I was just looking for the good thing but I forgot about all the bad things. Like high winds and storms and how you cannot work when the weather is bad. But the biggest problem was that I did not have any experience with this. The children were all in school and my wife was still a stay at home mom. I worked a lot more hours in Alabama than I had in North Carolina. It is hard for me to remember what Kosoul was like at this point. I was coming home late a lot. My wife did not work in either Louisiana and in Alabama but I was not available to help to translate at the schools, there would not have been anyone to help my wife with that.

22. I was not making very good money after crabbing for a year. We came back to visit in Charlotte and while I was there, my son made arrangements to stay in Charlotte and go to school there. He did this without talking to me. Sometime around this, KC went to live in California where he has grandparents. People were talking about Louisiana as a good place to go for crabbing- so I said okay,

and moved to Bayou Louisiana, where we lived in a trailer park, not as nice as where we had lived in Mobile. I worked very hard, very long hours.

23. One day when it was really hot and very wet out, Kosoul and I went out after a heavy rain to look for the boat. I was not driving all that fast but we hit the water on the street and hit the breaks. The truck spun and turned and the underside of the truck hit a stump. Kosoul's head hit the back of the truck. I do not remember him losing consciousness and we did not go to the hospital.

24. We moved back from Louisiana to Charlotte in around 1990. We came back to the same house. He started having problems with his ears. At some point he got a hearing aid. I do not know where or if he went to the doctor. His mother would have taken care of that. It was after Louisiana that Kosoul went to the doctor and they pulled the bug out of his ear.

25. We came back and Kosoul went to the streets. I feel like I lost him when he was about twelve or thirteen years old. He had an older friend who was from California and he would stick with that friend. When we came back from Louisiana I was working a lot. I was often not at home. Kosoul's friends became more important than his family and he spent more and more time with friends in the streets. I worked second shift back then and I would sometimes come home and he would not be there. I would drive around looking for him. When he turned thirteen or fourteen, it got really hard. By this time, my wife had gone back to work as well and I was at work. Kosoul and Monica would look after themselves.

26. There was a time after we moved back to Charlotte where Kosoul got into a confrontation with a Cambodian person, someone much older than Kosoul. This person got into a fistfight with Kosoul and three or four other people also

jumped Kosoul. I think Kosoul talked to the police about who did this and I think that he went to the hospital. He was maybe thirteen years old. Ultimately Kosoul did not want to identify this person and the matter was dismissed. He said it is very difficult to tell on other people.

27. By the time Kosoul came out of prison, his mother and I were divorced. I had sold the home and was living with a woman. I gave \$14,000 of that money to Monica for school. I gave \$4,000 to my ex-wife. I gave Kosoul \$9500 check and \$500 cash when he came out of prison. I also gave him an older model truck. Kosoul went to stay with his sister in Texas. He did not want to stay here.

28. I always saw Chanh and Kominh as my sons, my boys. In recent times, my wife has told them that I am not their father. Chanh often does not take my telephone calls or call me back. I do not talk to Kominh all that often or see him. I am raising Monica's son Mason. I do have contact with her on occasion.

29. The lawyers came to see me in Charlotte but they did not talk to me for more than an hour. ^{They came again and talked to Monica KC} They used Monica to help translate. No one ever talked to me about testifying. I would have been willing to do testify. The lawyers arranged for me to come to Texas. ^{But I do not know who paid. KC} It was a Hispanic person who picked me up and took me to my motel. It was that night, after I had arrived, that I got a phone call from my nephew that my father had died. I did not know what to do. Should I stay here and hope perhaps I could see my son's face or go to take care of my father and my family? The next morning I went downstairs with Monica and the lawyers came and this time they did have a translator. They did ask me some questions that morning about my son when he was little. The lawyers had come to Charlotte before and asked me some questions. They only stayed about one hour, though, and they used Monica to help translate.

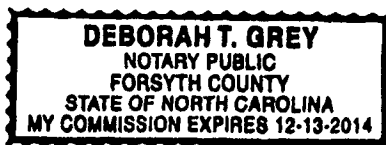
30. The lawyers asked me what you want to do? They told me, if I stay there I have nothing to do, I would only be listening. They told me you go to court to go listen and you can see your son maybe, however maybe you have to sit outside and listen. I wanted to see the face of my son. I never even went to the courthouse in Texas.

31. I would have come back to testify if they asked me t. Even if I was dead, I would come back to testify. I would do anything.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG


3/14/10

SUBSCRIBED AND SWORN BEFORE ME, the undersigned Notary Public, on this the 14th day of March 2010.





Notary Public in and for the
State of North Carolina

Exhibit 2

School Records

CHANTHKOUMMANE

MECKLENBURG SCHOOLS

Includes Exceptional Children's File

School Admin / Health Forms (DTG)

| | | | |
|-------|---|------------|--------------------|
| 85/86 | 1 | Chantilly | Hardin (? Hardin?) |
| 86/87 | 1 | Orwin | J. Laddlein |
| 87/88 | 2 | ? | ? |
| 88/89 | 3 | Orwin | Bellson(?) |
| 89/90 | 3 | Devonshire | Crossley |
| 90/91 | 4 | Tryon | Lebesne |
| 91/92 | 5 | Ellig. | RB Smith |
| 92/93 | | | Tuck |

CHARLOTTE MECKLENBURG
SCHOOL HEALTH RECORD

5120.5
10-82

NAME Kosoul Chanthakoummone BIRTHDATE _____

Medical problems _____

Emergency care or management of medical problem at school _____

Physical examination or health screening

Date _____ Grade _____ Physician/Nurse Clinician _____ Results _____

Teacher Screening

| Year | Grade | Vision | | | With Glasses | Ht. | Wt. | Record Date | | | Teacher | School |
|-------|-------|--------|-------|------|--------------|-----|---------|-------------------|--------|---------|------------|------------|
| | | Rt. | Lt. | Both | | | | (p) pass (f) fail | Speech | Lang. | | |
| 85/86 | K | 20/20 | 20/20 | | | 44" | 39 lbs | | | F | Haidir | Chantilly |
| 86/87 | 1st | 20/30 | 20/30 | | | 45" | 47 lbs | | | 4/24 F | J. Thelkin | Irwin |
| 87/88 | 2 | 20/20 | 20/20 | | | | | | | | | |
| 88/89 | 3rd | 20/20 | 20/20 | | | | | | | | Bellm | Tustin |
| 89/90 | 3rd | 20/20 | 20/20 | | | | 101 4/5 | | | 10/89 P | Crossley | Devonshire |
| | | | | | | | | | | | | |
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Teacher Observation and Referrals

000002

CHARLOTTE HECKLENBURG
SCHOOL HEALTH RECORD

5120.5
10-82

NAME John Chanthakoummano BIRTHDATE 10-1-80

Medical problems _____

Emergency care or management of medical problem at school _____

Physical examination or health screening

Date _____ Grade _____ Physician/Nurse Clinician _____ Results _____

Teacher Screening

| Year | Grade | Vision | | | With Glasses | Ht. | Wt. | Record Date | | | Teacher | School |
|-------|-------|--------|-------|-------|--------------|-----|-----|-------------------|--------|-------|---------|----------|
| | | Rt. | Lt. | Both | | | | (p) pass (f) fail | Speech | Lang. | | |
| 90-91 | 4 | 20/20 | 20/20 | | | 55½ | 78 | | | | Lesasne | T. Hills |
| 91-92 | 5 | 20/30 | 20/40 | 20/30 | | 58 | 105 | | | | Smith | " |
| | | 20/30 | 20/40 | | | | | | | | | |
| 92-93 | 6 | 20/20 | 20/20 | 20/20 | | | | | | | Tuck | T. Hills |
| | | | | | | | | | | | | |
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Teacher Observation and Referrals

10/28/91 Reviewed teacher screening. D. R. High, M

NAME:

Dr Chantha Koumbaro

BIRTHDATE:

10-18C

0000



READING CHECKLIST
CHARLOTTE-MECKLENBURG SCHOOLS
GRADES 3-6

6144.44
9/91

NAME: John Chanthathoumman GRADE: 5

SCHOOL: Tryon Hills TEACHER: Smith

DIRECTIONS: Enter the code that most appropriately describes the student's reading behavior. Add pertinent comments as needed.

| GOAL 1: Strategies and Processes | Code | | | | Comments |
|---|------|---|---|---|----------|
| • Sets purposes for reading | R | R | L | R | |
| • Previews text to anticipate content and organization | R | R | L | R | |
| • Uses title, chapter headings, illustrations, or graphic aids to predict content | R | R | R | R | |
| • Relates prior knowledge and personal experiences to topic | R | R | R | R | |
| • Generates questions to be answered from reading | R | R | R | R | |
| • Skims for specific words, phrases for information | R | R | R | R | |
| • Makes meaningful predictions | R | R | R | R | |
| • Confirms predictions | R | R | R | R | |
| • Applies corrective strategies when comprehension fails | R | R | R | R | |
| • Uses cueing systems to predict unknown words | R | R | R | R | |
| • Discusses, outlines or summarizes new facts, information or ideas | R | R | R | R | |

CODE: M = Most of the time

S = Sometimes

R = Rarely

| GOAL 2: Acquisition, Interpretation and Application of Information | CODE | | | | COMMENTS |
|--|------|---|---|---|----------|
| • Identifies story structure or organizational patterns of text | R | R | R | R | |
| • Creates graphic organizers that illustrate key ideas and their relationships | R | R | R | R | |
| • Uses information from text to clarify or refine understanding of historical or contemporary issues or events | R | R | R | R | |
| • Follows directions to create a product or develop an original idea based on interpretation of information | R | R | R | R | |
| • Solves problems or makes decisions based on interpretation of information | R | R | R | R | |
| GOAL 3: Critical Analysis and Evaluation | CODE | | | | COMMENTS |
| • Distinguishes between statements of fact and statements of opinion | R | R | S | S | |
| • Makes judgments about the validity and accuracy of information | R | R | R | R | |
| • Recognizes bias, emotional factors, propaganda and semantic slanting | R | R | R | R | |
| • Recognizes attributes of various literary forms and genres | R | R | R | R | |
| • Compares and contrasts texts | R | R | R | R | |
| GOAL 4: Aesthetic and Personal Response | CODE | | | | COMMENTS |
| • Reads and shares a variety of genres | R | R | S | S | |
| • Responds creatively to written texts | R | R | R | R | |

CODE: M = Most of the time S = Sometimes R = Rarely

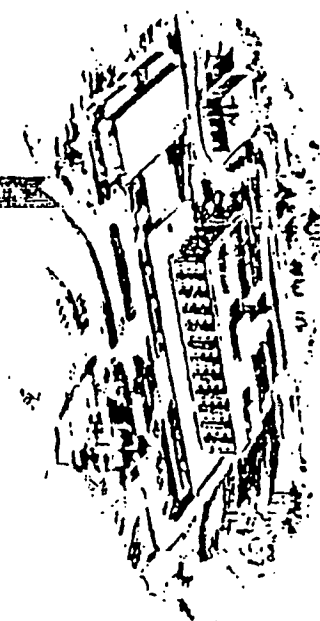
CHECK LIST (SCHOOLS)

| | | | | |
|---------------------------------|--|--|---------------------------|----------------|
| Name | <u>Kosoul Chanthakoummane</u> | | Date | <u>8-23-90</u> |
| Grade placement recommendation | | | <u>✓ 4th</u> | |
| Test results | <u>Miami Dade - 89.5%</u> | | <u>✓</u> | |
| | <u>Cloze Reading - 68% (Independent)</u> | | | |
| Transcripts of school records | | | <u>Parents will bring</u> | |
| Translations: Lunch information | | | <u>will</u> | |
| School bus conduct and safety | | | <u>get at</u> | |
| Behavior guidelines | | | <u>school</u> | |
| Bilingual program refusal form | | | <u>NA</u> | |
| Statement of educational status | | | <u>NA</u> | |
| | Complete | | Incomplete | |
| Registration form | <u>✓</u> | | | |
| Immigration documentation | <u>✓</u> | | | |
| | <u>U.S. Citizen</u> | | | |
| | | | | |
| | | | | |
| Immunization documentation | <u>✓</u> | | | |
| | | | | |
| | | | | |
| Other comments | <u>Kosoul speaks Lao and English. He</u> | | | |
| | <u>scored at an advanced level on</u> | | | |
| | <u>the speaking and reading tests that</u> | | | |
| | <u>were given. He doesn't qualify for</u> | | | |
| | <u>the ESL program.</u> | | | |
| | | | | |
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000009
168

010000

ROCK ISLAND FRANCISCAN HOSPITAL
ROCK ISLAND, ILLINOIS



Certificate of Birth

This Certifies that

Kosoue Chanthakoummane

was born to Phongsamoult & Komonh Chanthakoummane
in this Hospital at 7:52 o'clock, P. M. on Wednesday
the First day of October 1980

In Witness Whereof the said Hospital has caused this Certificate to
be signed by its duly authorized officer, and its Official Seal to be
hereunto affixed.



Samson Phongsamoult
M.D.
ATTENDING PHYSICIAN

Henry J. Balke
ADMINISTRATOR

5125.5
Rev. 5/82

| | | | | | |
|---|---|--|--|--|------------------------------------|
| NAME Chanthakoummane Kosoul (LAST) (FIRST) (MIDDLE) (NICKNAME) | | | | I.D. NUMBER (IN PENCIL) 0024730 (TO BE COMPLETED BY SCHOOL) | |
| SEX M | RACE <input type="checkbox"/> AMER. INDIAN <input type="checkbox"/> BLACK <input checked="" type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE OTHER _____ | | | | BIRTHDATE 10MO 1 DA 80YR |



CHARLOTTE-MECKLENBURG SCHOOLS STANDARDIZED TEST RECORD FORM

This form must follow pupil when transferred.

ENTER TEST RESULTS ON THIS SIDE OF FORM IN DATE ORDER SEQUENCE. IF ENTRY TYPED OR HANDWRITTEN, SCORES SHOULD BE LABELED USING THE FOLLOWING CODE: PERCENTILE - %, GRADE EQUIVALENT - G.E., INTELLIGENCE QUOTIENT - I.Q. ANY OTHER TYPE OF TEST RESULTS SHOULD BE EXPLAINED: NAME OF TEST, DATE GIVEN, AND ACTUAL GRADE PLACEMENT AT TIME OF TESTING SHOULD ALSO BE RECORDED.

GRADE **1.7**
SPRING **1987**



| CAT | E & F LEVEL 11 | TOTAL READING | LANGUAGE EXPRESSION | TOTAL MATHEMATICS | WORD ANALYSIS |
|---------------------|-------------------|-----------------------|------------------------|----------------------|------------------|
| SCALE SCORE | | 243 | 457 | 368 | 472 |
| GRADE EQUIVALENT | | 0.4 | 0.9 | 0.8 | 0.8 |
| NATIONAL PERCENTILE | | 1 | 16 | 2 | 6 |
| NORMAL CURVE EQUIV. | | 1 | 29 | 8 | 18 |
| 600-6 | | RUN DATE: 04/24 02502 | | | |

IRWIN AVE OPT
CHANTHAKOU KASOUL
80185772 A981-427

GRADE **2.6**
SPRING **1988**

CAT E & F
SCORES

| TOTAL READING | TOTAL LANGUAGE | TOTAL MATHEMATICS | TOTAL BATTERY | WORD ANLY | SPEL | SCIE | SOC STDY |
|------------------|-------------------|----------------------|------------------|--------------|------|------|-------------|
| 542 | 545 | 479 | 522 | 512 | 511 | | |
| 1.9 | 1.4 | 1.4 | 1.5 | 1.2 | 1.1 | | |
| 14 | 6 | 2 | 4 | 3 | 2 | | |
| 27 | 16 | 5 | 11 | 5 | | | |

FORM/LEVEL
E/12
DATE
04/16

GRADE **4.6**
SPRING **1991**

CAT E & F
SCORES

| TOTAL READING | TOTAL LANGUAGE | TOTAL MATHEMATICS | TOTAL BATTERY | WORD ANLY | SPEL | STOY SKIL | SCIE | SOC STDY |
|------------------|-------------------|----------------------|------------------|--------------|------|--------------|------|-------------|
| 653 | 672 | 698 | 674 | 628 | 686 | | | |
| 3.1 | 3.4 | 4.2 | 3.5 | 2.6 | 4.3 | | | |
| 24 | 34 | 41 | 30 | 21 | 38 | | | |
| 35 | 41 | 45 | 39 | 33 | 43 | | | |

FORM/LEVEL
E/14
DATE
04/03

GRADE **5.7**
SPRING **1992**

CAT E & F
SCORES

| TOTAL READING | TOTAL LANGUAGE | TOTAL MATHEMATICS | TOTAL BATTERY | WORD ANLY | SPEL | STOY SKIL | SCIE | SOC STDY |
|------------------|-------------------|----------------------|------------------|--------------|------|--------------|------|-------------|
| 679 | 677 | 717 | 691 | 528 | 711 | | | |
| 3.7 | 3.6 | 5.1 | 4.1 | 1.3 | 5.4 | | | |
| 20 | 26 | 35 | 25 | 4 | 41 | | | |
| 32 | 36 | 42 | 36 | 14 | 45 | | | |

FORM/LEVEL
E/15
DATE
04/27

Student **KOSOUL CHANTHAKOUMMAN** Sch. Code **600559**

School **TRYON HILLS** Soc. Sec. No. **514**

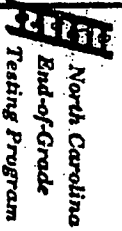
Date: **Spring 1993** Grade: **6** LEP: **YES**



| Subject | Score | Percentile | Subject | Score | Percentile |
|-------------|-------|------------|----------------|-------|------------|
| Reading | 144 | 22 | Social Studies | 28 | 18 |
| Mathematics | 146 | 13 | Science | 28 | 18 |

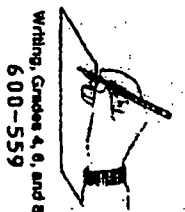
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170



NAME: CHANTHAKOU, KOSOU J
 TEACHER: TUCK C
 SCHOOL: TRYON HILLS ELEM
 SCHOOL SYSTEM: Mecklenburg Co. Schools

STUDENT ID: 668869
 GRADE: 6
 TEST DATE: FEB 2, 1993
 PACKET ID: 16915



Learning to write is an important educational goal for all North Carolina students. Measuring the skills involved takes time and thoughtful judgment. Students were given approximately 50 minutes to write about a given topic. Each paper was scored by two carefully trained, experienced readers. The scores reported below represent their combined judgment of this sample of the student's writing. Space is provided for this student's teacher to give additional information about other writing skills observed during the year.

The composition score shows how well this student expressed an idea without penalty for spelling or grammar. The second score is for English conventions and does represent a measure of this student's ability to use standard English.

WRITING SKILLS MEASURED

SCORE

EXPLANATION

Composing Skills (Communicating an Idea)*

1.5

- Having a main idea
- Providing supporting detail
- Showing organization
- Using coherence techniques

Most of the skills needed in descriptive writing are weak. The writer has read the prompt and attempts to respond. The subject is identified and a number of vague details are given, but the description is too general for the reader to get more than a vague picture of the subject. Many of these responses exhibit some understanding of the organization but there is no sense of control. The two readers differed in their judgment of the level of skills present.

Conventions (Using Correct English)*

- Using complete sentences
- Using appropriate forms of words
- Using standard mechanics (punctuation, capitalization)
- Using correct spellings

- 1 The paper does not exhibit a reasonable and acceptable level of sentence formation skills.
- 1 The paper does not exhibit a reasonable and acceptable level of usage skills.
- 1 The paper does not exhibit a reasonable and acceptable level of mechanics skills.
- 3 The paper exhibits a reasonable and acceptable level of spelling skills.

* A FURTHER EXPLANATION OF THE TESTING AND SCORING MAY BE FOUND ON THE BACK OF THIS REPORT

TEACHER COMMENTS:

000012

I have reviewed this report and have made additional comments where necessary. Please, do not hesitate to contact me for a more detailed explanation of the scores or further assistance in this matter.

SIGNED _____

Sohn

School Tryon Hills



Year in
School
Grade in
School

| | | | | | | | | |
|--|--|--|----|----|--|--|--|--|
| | | | 98 | 91 | | | | |
| | | | 91 | 8 | | | | |
| | | | 4 | 5 | | | | |

Grade Mastery is expected ☒

| | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|
| K | 1 | 2 | 3 | 4 | 5 | 6 | | | |
|---|---|---|---|---|---|---|--|--|--|

- 1.1 Count objects 1-10.....
- 1.2 Join & separate sets with concrete objects
- 1.3 Classify objects by colors, shapes, and texture.....
- 1.4 Understand far-near; inside-outside; large-small.....
- 1.5 Match numerals with set 1 to 10.....
- 1.6 Arrange numerals in order 1-10.....
- 1.7 Write numerals 1-100.....
- 1.8 Write names for numerals 1-10.....

- 2.1 Number combinations through 9.....
- 2.2 Number combinations through 18.....
- 2.3 Count by 5's and 10's.....
- 2.4 Count by 2's.....
- 2.5 Count by 4's.....
- 2.6 No regrouping.....
- 2.7 Regrouping 1 to 10.....
- 2.8 Regrouping 10 to 100.....
- 2.9 Regrouping 100 to 1,000.....

A 10x10 grid with a shaded path starting from the top-left cell and ending at the bottom-right cell. The path is composed of 15 shaded cells. The word "MATH" is written vertically in the 5th column, starting from the 5th row and ending at the 9th row.

- 3.1 Subtraction facts through 9.....
- 3.2 Subtraction facts through 18.....
- 3.3 No regrouping.....
- 3.4 Regrouping 10 to 1.....
- 3.5 Regrouping 100 to 10.....
- 3.6 Regrouping 100 to 10 to 1.....
- 3.7 Regrouping 1,000 to 100 to 1.....

[illegible]

- 4.1 Tables through 3's.....
- 4.2 Tables through 5's.....
- 4.3 Tables through 7's.....
- 4.4 Tables through 9's.....

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- 4.5 One digit by one digit.....
- 4.6 Two digits by one digit.....
- 4.7 Two digits by two digits.....
- 4.8 Three digits by two digits.....
- 4.9 Four digits by three digits.....
- 5 Division - Whole Numbers
 - 5.1 One digit divisor - no remainder.....
 - 5.2 Two digits divisor with remainder.....
 - 5.3 Three digits divisor with & without remainder.....
 - 5.4 Four digits divisor with & without remainder.....
- 6 Fractions
 - 6.1 Recognize $1/2$, $1/3$, $1/4$ of objects & sets.
 - 6.2 Recognize $2/3$, $3/4$ of objects and sets....
 - 6.3 Change to equivalent fractions.....
 - 6.4 Reduce fractions to lowest term.....
- 7 Addition of Fractions
 - 7.1 Addition with like denominators.....
 - 7.2 Addition with unlike denominators.....
 - 7.3 Addition of mixed numbers.....
- 8 Subtraction of Fractions
 - 8.1 Subtraction with like denominators.....
 - 8.2 Subtraction with unlike denominators.....
 - 8.3 Subtraction of mixed numbers.....
- 9 Multiplication of Fractions
 - 9.1 Multiplication of common fractions.....
 - 9.2 Multiplication of mixed numbers.....
- 10 Division of Fractions
 - 10.1 Division of common fractions.....
 - 10.2 Division of mixed numbers.....
- 11 Decimals
 - 11.1 Change a fraction to a decimal.....
 - 11.2 Round off to given decimal place.....
 - 11.3 Arrange in order from large to small.....
 - 11.4 Add decimals.....
 - 11.5 Subtract decimals.....
- 12 Multiplication of Decimals
 - 12.1 Decimal by whole number.....
 - 12.2 One place by one place.....
 - 12.3 Two places by one place.....

12.4 Two places by two places.....

12.5 Two places by three places.....

13 Division of Decimals

13.1 Decimal by whole number.....

13.2 One place by one place.....

13.3 Two places by two places.....

13.4 Three places by two places.....

14 Time

14.1 Tell time - morning-afternoon.....

14.2 Tell time to hour and half-hour.....

14.3 Tell time to quarter hour.....

14.4 Tell time to minute.....

15 Measurement

15.1 Measure in non-standard units (paper clip)

15.2 Measure in pints and quarts.....

15.3 Measure in litres, millilitres.....

15.4 Measure to nearest inch.....

15.5 Measure in yards and feet.....

15.6 Measure in metres, decimetres, and centimetres.....

15.7 Read temperature in Fahrenheit-Celsius...

15.8 Name & recognize penny, nickel, dime, quarter and half-dollar.....

15.9 Measure in pounds and kilograms.....

16 Geometry

16.1 Classify objects by size and shape.....

16.2 Identify circle, square, triangle, rectangle

16.3 Recognize - line segment, ray.....

16.4 Name congruent parts of congruent triangles.....

16.5 Understand parallel lines.....

16.6 Name right angles.....

16.7 Find perimeter of geometric figures.....

17 Construction and Area

17.1 Construct a given angle.....

17.2 Find area of rectangle, triangle & circle.

17.3 Find circumference of circle.....

18 Vocabulary

18.1 Set, subset, $>$, $<$, $+$, \times , \div

| K | 1 | 2 | 3 | 4 | 5 | 6 | | | | |
|---|---|---|---|---|---|---|--|--|--|--|
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TEACHER REPORT

GRADE: FOURTH

BATCH/GROUP: 2541-051/001

RUN DATE: 04/03/91

TEST DATE: SPRING 91

| SCORES | | PROFILE OF STUDENT'S SCORES | | | | | | | | | |
|--|--|-----------------------------|------------------------|---------|------------------------|--------------------|----|----|----|----|----|
| PERCENTAGE WHO SCORED BELOW THIS STUDENT | | WELL BELOW AVERAGE | SLIGHTLY BELOW AVERAGE | AVERAGE | SLIGHTLY ABOVE AVERAGE | WELL ABOVE AVERAGE | | | | | |
| 21 | | | | | | | | | | | |
| 28 | | | | | | | | | | | |
| 34 | | | | | | | | | | | |
| 34 | | | | | | | | | | | |
| 34 | | | | | | | | | | | |
| 45 | | | | | | | | | | | |
| 39 | | | | | | | | | | | |
| 41 | | | | | | | | | | | |
| 50 | | | | | | | | | | | |
| 21 | | | | | | | | | | | |
| 38 | | | | | | | | | | | |
| | | 5 | 15 | 25 | 35 | 45 | 55 | 65 | 75 | 85 | 95 |
| | | NATIONAL PERCENTILE | | | | | | | | | |

APPLICATIONS

LANGUAGE SKILLS

THIS STUDENT IS STRONGEST IN SKILLS RELATED TO:

- 49 USING PERSONAL OR RELATIVE PRONOUNS
- 51 USING ADJECTIVE OR ADVERB FORMS
- 56 COMBINING RELATED THOUGHTS IN SENTENCES

THIS STUDENT IS WEAKEST IN SKILLS RELATED TO:

- 53 IDENTIFYING GRAMMATICAL PATTERNS OF SENTENCES
- 48 USING SINGULAR, PLURAL, OR POSSESSIVE NOUNS
- 44 CAPITALIZING BEGINNING WORDS AND TITLES

MATHEMATICS SKILLS

THIS STUDENT IS STRONGEST IN SKILLS RELATED TO:

- 61 ADDING FRACTIONS
- 64 SUBTRACTING FRACTIONS
- 65 MULTIPLYING WHOLE NUMBERS
- 59 ADDING WHOLE NUMBERS
- 60 ADDING DECIMAL NUMBERS

THIS STUDENT IS WEAKEST IN SKILLS RELATED TO:

- 68 DIVIDING WHOLE NUMBERS

drawing inferences

a general

number of items

items, follow:

NUMBER CORRECT

33 OF 60

READING: Based on the story, what will probably happen when Jack climbs the fence?

MATHEMATICS: If there are 4 pens in a box and 12 boxes in a case, how many pens are there in 3 cases?

EXAMPLES

ESTIMATED OBJECTIVE SCORES

| OBJECTIVES | PER | DIF | AI | OBJECTIVES | PER | DIF | AI |
|---|-----|-----|----|----------------------------|-----|-----|----|
| 47. PROOFREADING | 67 | 3 | R | 65. MULTIPLY WHOLE NUMBERS | 90 | 7 | A |
| 48. LANGUAGE EXPRESSION | 63 | 16 | R | 66. DIVIDE WHOLE NUMBERS | 20 | 46 | R |
| 49. PRONOUNS | 95 | 6 | R | 67. NUMERATION | 73 | 2 | R |
| 50. VERBS | 75 | 1 | R | 74. NUMBER SENTENCES | 80 | 0 | R |
| 51. ADJECTIVES, ADVERBS | 90 | 5 | R | 75. NUMBER THEORY | 75 | 1 | R |
| 53. SENTENCE PATTERNS | 42 | 21 | R | 76. PROBLEM SOLVING | 71 | 2 | R |
| 54. SENTENCE RECOGNITION | 65 | 7 | R | 77. MEASUREMENT | 72 | 1 | R |
| 56. SENTENCE COMBINING | 83 | 3 | R | 78. GEOMETRY | 72 | 1 | R |
| 57. TOPIC SENTENCE | 54 | 10 | R | 79. WORD ANALYSIS | 37 | 26 | R |
| 58. SENTENCE SEQUENCE | 63 | 8 | R | 80. CONSONANT DIGRAPHS | 29 | 35 | R |
| 59. ADD WHOLE NUMBERS | 80 | 0 | R | 81. SHORT VOWELS | 35 | 31 | R |
| 60. ADD DECIMALS | 80 | 7 | R | 82. DIPHTH, VARIANT VOWELS | 35 | 31 | R |
| 61. ADD FRACTIONS | 99 | 36 | R | 83. ROOT WORDS, AFFIXES | 56 | 15 | R |
| 62. SUBTRACT WHOLE NUMBERS | 71 | 2 | R | 84. SPELLING | 76 | 1 | R |
| 63. SUBTRACT DECIMALS | 50 | 19 | R | 85. VOWEL SOUNDS | 56 | 10 | R |
| 64. SUBTRACT FRACTIONS | 99 | 38 | R | 86. CONSONANT SOUNDS | 73 | 1 | R |
| OBJECTIVES TESTED MAY BE FOUND ON THE BACK OF THIS REPORT | | | | 87. STRUCTURAL UNITS | | | |

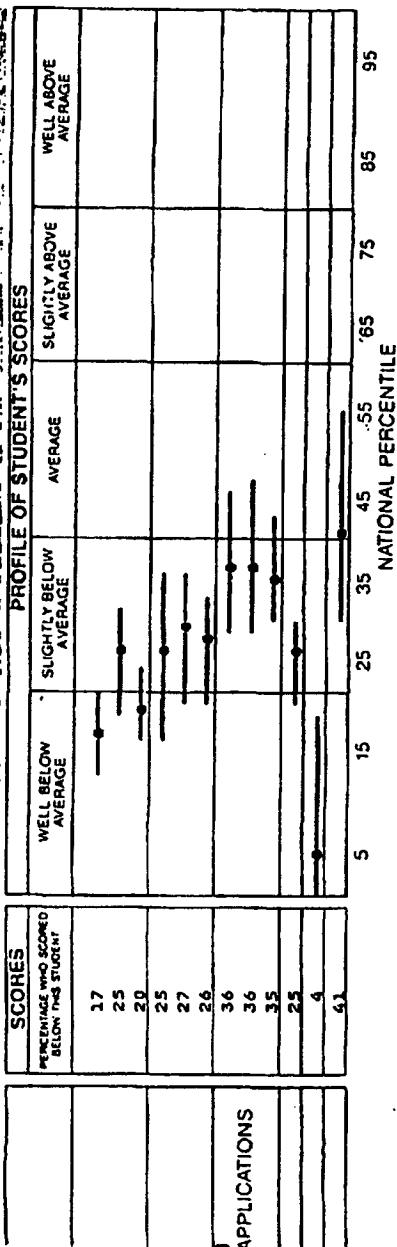
TEACHER REPORT

GRADE: FIFTH

BATCH/GROUP: 1243-016/001

RUN DATE: 04/27/92

TEST DATE: SPRING 92



LANGUAGE SKILLS

THIS STUDENT IS STRONGEST IN SKILLS RELATED TO:

49 USING PERSONAL OR RELATIVE PRONOUNS

51 USING ADJECTIVE OR ADVERB FORMS

56 COMBINING RELATED THOUGHTS IN SENTENCES

THIS STUDENT IS WEAKEST IN SKILLS RELATED TO:

54 IDENTIFYING COMPLETE SENTENCES

44 CAPITALIZING BEGINNING WORDS AND TITLES

53 IDENTIFYING GRAMMATICAL PATTERNS OF SENTENCES

MATHEMATICS SKILLS

THIS STUDENT IS STRONGEST IN SKILLS RELATED TO:

74 UNDERSTANDING NUMBER SENTENCES

63 SUBTRACTING DECIMAL NUMBERS

62 SUBTRACTING WHOLE NUMBERS

64 SUBTRACTING FRACTIONS

65 MULTIPLYING WHOLE NUMBERS

THIS STUDENT IS WEAKEST IN SKILLS RELATED TO:

77 UNDERSTANDING MEASUREMENT

Interferences
at
items
flow:

NUMBER CORRECT
28 OF 60

EXAMPLES

READING Based on the story, what will probably happen when Jack climbs the fence?
MATHEMATICS If there are 4 pens in a box and 12 boxes in a case, how many pens are there in 3 cases?

ESTIMATED OBJECTIVE SCORES

| OBJECTIVES | PER | DIF | AI | OBJECTIVES | PER | DIF | AI |
|---------------------------|-----|-----|----|---------------------------|-----|-----|----|
| 7 PROOFREADING | 43 | -21 | - | CONCEPTS & APPLICATIONS | 61 | -10 | R |
| 8 LANGUAGE EXPRESSION | 40 | -17 | - | 73 NUMERATION | 90 | +3 | R |
| 9 NOUNS | 99 | +7 | + | 74 NUMBER SENTENCES | 51 | -9 | R |
| 10 PRONOUNS | 80 | -7 | + | 75 NUMBER THEORY | 65 | -4 | - |
| 11 ADJECTIVES, ADVERBS | 99 | +15 | + | 76 PROBLEM SOLVING | 46 | -10 | R |
| 13 SENTENCE PATTERNS | 38 | -24 | - | 77 MEASUREMENT | 57 | -6 | R |
| 14 SENTENCE RECOGNITION | 0 | -79 | - | 78 GEOMETRY | 19 | -39 | - |
| 16 SENTENCE COMBINING | 99 | +18 | + | WORD ANALYSIS | 23 | -37 | - |
| 17 TOPIC SENTENCE | 44 | -17 | - | 09 CONSONANT DIGRAPHS | 26 | -47 | - |
| 18 SENTENCE SEQUENCE | 80 | +6 | + | 10 VARIANT CONSONANT | 30 | -53 | - |
| IMPUTATIONS | 62 | -8 | R | 15 DIPHTH, VARIANT VOWELS | 84 | +4 | + |
| 51 ADD FRACTIONS | 77 | +2 | + | 18 ROOT WORDS, AFFIXES | 55 | -9 | R |
| 52 SUBTRACT WHOLE NUMBERS | 80 | 0 | + | SPELLING | 83 | +2 | + |
| 53 SUBTRACT DECIMALS | 77 | -2 | + | 40 VOWEL SOUNDS | | | |
| 54 SUBTRACT FRACTIONS | 76 | -4 | + | 41 CONSONANT SOUNDS | | | |
| 55 MULTIPLY WHOLE NUMBERS | 59 | -9 | + | 42 STRUCTURAL UNITS | | | |
| 68 DIVIDE WHOLE NUMBERS | 59 | -9 | + | | | | |

OBJECTIVES TESTED MAY BE FOUND ON THE BACK OF THIS REPORT

1 obtain. If he/she took a large number of items measuring the objective (based on number of correct items for each objective and student score).
If this student had the estimated percentage for a typical student in the national norm group.
Achieved (50-74%) --- Objective Not Achieved (0-49%) Blank = items measuring objective were omitted.

End of Grade Testing**N.C. Public Schools****Parent/Teacher Report**

Student: KOSOUL CHANTHA KOLAMMAN

Teacher: TUCK C

School: TRYON HILLS ELE

System: Charlotte/Meckl

Test Date: Spring 93

Grade**6****Reading**

Score 115 125 135 145 155 165 175 185

Level

Student

Class

School

System

State

I II III IV

Will be reported next year

Will be reported next year

Will be reported next year

Will be reported next year

Will be reported next year

Percentage of NC students who scored below this student's score

22

Science

Number Correct

0 10 20 30 40 50 60

Student

Class

School

System

State

I II III IV

Will be reported next year

Will be reported next year

Will be reported next year

Will be reported next year

Percentage of NC students who scored below this student's score

16

Math

Score 120 130 140 150 160 170 180 190

Level

Student

Class

School

System

State

I II III IV

Will be reported next year

Will be reported next year

Will be reported next year

Will be reported next year

Will be reported next year

Percentage of NC students who scored below this student's score

13

Social Studies

Number Correct

0 10 20 30 40 50 60

Student

Class

School

System

State

I II III IV

Will be reported next year

Will be reported next year

Will be reported next year

Will be reported next year

Percentage of NC students who scored below this student's score

18

Achievement Level Descriptions

I Students performing at this level do not have sufficient mastery of knowledge and skills in this subject area to be successful at the next grade level.

II Students performing at this level demonstrate inconsistent mastery of knowledge and skills in this subject area and are minimally prepared to be successful at the next grade level.

III Students performing at this level consistently demonstrate mastery of grade level subject matter and skills and are well prepared for the next grade level.

IV Students performing at this level consistently perform in a superior manner clearly beyond that required to be proficient at grade level work.

* These percentiles were estimated using the 1992 End-of-Grade Field Tests in N.C.

Teacher's Comments:

Signature

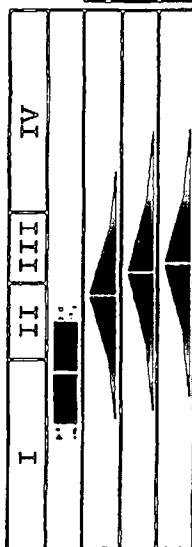
End of Grade Testing**N.C. Public Schools****Parent/Teacher Report**

Student: KOSOUL J CHANTHAKOUM
 Teacher: BLAFIELD G
 School: RANSON MIDDLE
 System: Charlotte/Meckl
 Test Date: Spring 94

Grade**7****Reading**

Score 120 130 140 150 160 170 180 190

Level Student School System State

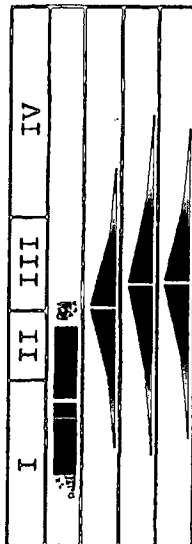


Percentage of NC students who scored below this student's score
7

Math

Score 130 140 150 160 170 180 190 200

Level Student School System State

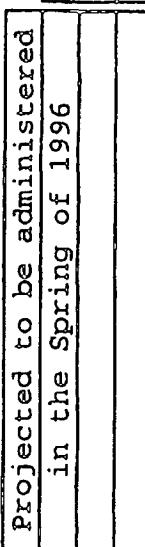


Percentage of NC students who scored below this student's score
5

Science

Number Correct 0 10 20 30 40 50 60

Student School System State



Percentage of NC students who scored below this student's score

Social Studies

Score 10 20 30 40 50 60 70 80 90

Level Student School System State



Percentage of NC students who scored below this student's score
19

Achievement Level Descriptions

- I Students performing at this level do not have sufficient mastery of knowledge and skills in this subject area to be successful at the next grade level.
- II Students performing at this level demonstrate inconsistent mastery of knowledge and skills in this subject area and are minimally prepared to be successful at the next grade level.
- III Students performing at this level consistently demonstrate mastery of grade level subject matter and skills and are well prepared for the next grade level.
- IV Students performing at this level consistently perform in a superior manner clearly beyond that required to be proficient at grade level work.

000019

178

These percentiles were estimated using the 1993 End-of-Grade Tests in N.C.

Teacher's Comments

Signature

End of Grade Testing

N.C. Public Schools

Parent/Teacher Report

Student: KOSOUL J CHANTHAKOUM
 Teacher: BLAKE J
 School: RANSON MIDDLE
 System: Charlotte/Meckl
 Test Date: Spring 95

Grade
8

Reading

Score 125 135 145 155 165 175 185 195

Level
 Student
 School
 System
 State

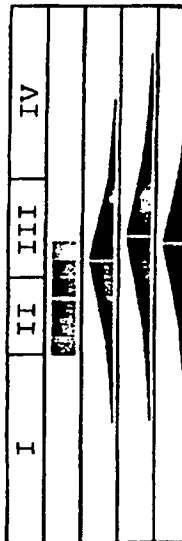


Percentage of NC students who scored below this student's score
 16

Math

Score 130 140 150 160 170 180 190 200

Level
 Student
 School
 System
 State

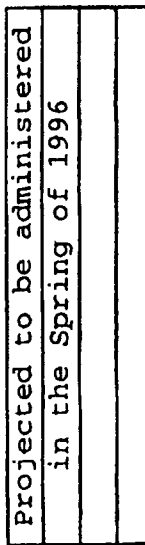


Percentage of NC students who scored below this student's score
 32

Science

Number Correct 0 10 20 30 40 50 60

Student
 School
 System
 State

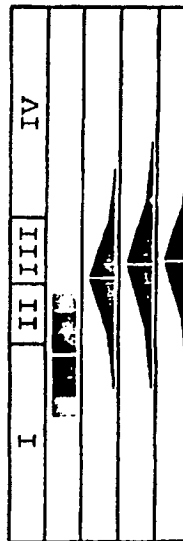


Percentage of NC students who scored below this student's score
 16

Social Studies

Score 10 20 30 40 50 60 70 80 90

Level
 Student
 School
 System
 State



Percentage of NC students who scored below this student's score
 4

Achievement Level Descriptions

- I Students performing at this level do not have sufficient mastery of knowledge and skills in this subject area to be successful at the next grade level.
- II Students performing at this level demonstrate inconsistent mastery of knowledge and skills in this subject area and are minimally prepared to be successful at the next grade level.
- III Students performing at this level consistently demonstrate mastery of grade level subject matter and skills and are well prepared for the next grade level.
- 000029 Students performing at this level consistently perform in a superior manner clearly beyond that required to be proficient at grade level work.

Teacher's Comments:

Signature _____

TEST RESULTS For additional test data refer to Test Record Form in Cumulative Folder.

Sch. Code 600514

Student KOSOL J CHANTHAKOUNH

School RANSON MD

Date: Spring 1994

Grade: 7

Soc. Sec. No. 0024730

LEP: NO

| Subject | Score | Percentile | Subject | Score | Percentile |
|-------------|-------|------------|----------------|-------|------------|
| Reading | 143 | 7 | Social Studies | 43 | 19 |
| Mathematics | 149 | 5 | Science | N/A | N/A |

End of grade testing

Student KOSOL J CHANTHAKOUNH

School RANSON MIDDLE

Date: Spring 1995

Grade: 8

Soc. Sec. No. 0024730

School Code 600514

LEP: NO

| Subject | Score | Percentile | Comments | Subject | Score | Percentile |
|-------------|-------|------------|----------|----------------|-------|------------|
| Reading | 149 | 16 | FAIL | Social Studies | 38 | 4 |
| Mathematics | 162 | 32 | FAIL | | | |

End of grade testing

000021

180

5124.8
7-84

NAME Kosoul Chanthakummane
 STUDENT I.D. NO. 0030730
 SCHOOL Chantilly
 TEACHER P. HARTLEY PRINCIPAL E. Cullen
 GRADE 4 SCHOOL YEAR 19851986

| ATTENDANCE RECORD | 1 | 2 | 3 | 4 |
|-------------------|----------|----------|----------|----------|
| Days Present | <u>4</u> | <u>3</u> | <u>1</u> | <u>4</u> |
| Days Absent | <u>0</u> | <u>0</u> | <u>1</u> | <u>1</u> |

| PHYSICAL DEVELOPMENT | 1 | 2 | 3 | 4 |
|---|----------|----------|----------|----------|
| 1. Shows large muscle control (example: running, jumping, hopping, skipping, throwing, catching) | <u>P</u> | <u>P</u> | <u>P</u> | <u>S</u> |
| 2. Shows small muscle control (example: using brushes, crayons, pencils, cutting with scissors, tying, buttoning, zipping, assembling puzzles) | <u>N</u> | <u>P</u> | <u>P</u> | <u>P</u> |
| MUSIC | | | | |
| 1. Responds to rhythms | <u>N</u> | <u>N</u> | <u>N</u> | <u>N</u> |
| 2. Participates in musical activities | <u>N</u> | <u>N</u> | <u>N</u> | <u>N</u> |

TEACHER COMMENTS:

1 Home conference - by Tompkins
 Kosoul must improve his class behavior!
 Kosoul's behavior still must improve!

3 Kosoul has made progress with his work but his behavior still must improve!

4 Kosoul has made progress in speaking/listening however his behavior has interfered with his learning
 Mrs. Shaw ES1

Address at time of assignment
3919 #7 Tennessee Ave Zip
 School Assignment for 19861987
 School Chantilly
 School assignment is subject to correction on final progress report.
 Any request for change in school assignment must be made within thirty (30) days of receipt of assignment.
 Grade Placement for Next Year (as of close of school) 1

| | REPORT PERIOD | | | |
|---|---------------|----------|----------|----------|
| | 1 | 2 | 3 | 4 |
| LANGUAGE DEVELOPMENT <u>ESL</u> | | | | |
| 1. Says full name/address/phone | <u>P</u> | <u>P</u> | <u>P</u> | <u>P</u> |
| 2. Talks easily with others | <u>N</u> | <u>P</u> | <u>P</u> | <u>P</u> |
| 3. Speaks in sentences | <u>N</u> | <u>N</u> | <u>P</u> | <u>P</u> |
| 4. Recalls details in stories, poems | <u>X</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 5. Can do simple rhyming | <u>X</u> | <u>N</u> | <u>N</u> | <u>N</u> |
| 6. Recognizes and writes name | <u>P</u> | <u>P</u> | <u>S</u> | <u>V</u> |
| 7. Identifies letters | <u>X</u> | <u>P</u> | <u>P</u> | <u>S</u> |
| 8. Forms letters | <u>X</u> | <u>P</u> | <u>P</u> | <u>S</u> |
| MATH/SCIENCE DEVELOPMENT | | | | |
| 1. Recognizes likenesses/differences | <u>N</u> | <u>P</u> | <u>P</u> | <u>P</u> |
| 2. Classifies objects into sets | <u>X</u> | <u>X</u> | <u>X</u> | <u>P</u> |
| 3. Recognizes symbols for numbers 1-10 | <u>U</u> | <u>U</u> | <u>S</u> | <u>S</u> |
| 4. Knows meaning of more/less | <u>X</u> | <u>X</u> | <u>X</u> | <u>P</u> |
| 5. Observes, questions, explores | <u>N</u> | <u>P</u> | <u>P</u> | <u>P</u> |
| 6. Recognizes shapes | <u>S</u> | <u>V</u> | <u>V</u> | <u>V</u> |
| 7. Recognizes days/months | <u>U</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 8. Recognizes year/seasons | <u>U</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 9. Recognizes coins | <u>X</u> | <u>X</u> | <u>X</u> | <u>N</u> |
| SOCIAL AND EMOTIONAL DEVELOPMENT | | | | |
| 1. Is happy and relaxed in school | <u>S</u> | <u>S</u> | <u>S</u> | <u>S</u> |
| 2. Plays well with other children | <u>N</u> | <u>N</u> | <u>N</u> | <u>N</u> |
| 3. Takes turns willingly | <u>N</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 4. Participates in group activities | <u>N</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 5. Exercises self-control | <u>N</u> | <u>P</u> | <u>N</u> | <u>P</u> |
| 6. Respects rights & property of others | <u>N</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 7. Accepts correction | <u>S</u> | <u>S</u> | <u>S</u> | <u>S</u> |
| WORK HABITS | | | | |
| 1. Listens attentively | <u>U</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 2. Follows directions | <u>U</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 3. Works independently | <u>U</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 4. Works without disturbing others | <u>U</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 5. Completes tasks | <u>U</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 6. Takes care of materials | <u>N</u> | <u>P</u> | <u>N</u> | <u>P</u> |
| ART | | | | |
| 1. Participates in art activities | <u>N</u> | <u>N</u> | <u>N</u> | <u>P</u> |
| 2. Recognizes colors | <u>N</u> | <u>V</u> | <u>V</u> | <u>V</u> |

(Clip and Return Bottom Portion)

PUPIL: Kosoul Chanthakummane PARENT or GUARDIAN COMMENT:

000022

181



CHARLOTTE-MECKLENBURG SCHOOLS

PUPIL PROGRESS REPORT

Grades 4 - 6

SUBJECT AREA CODE

A 94 - 100

D 70 - 76

B 85 - 93

F Below 70

C 77 - 84

X Not graded this period

Check denotes work is below grade level; conference is strongly recommended. Example: ☒

REPORT PERIOD

SUBJECT AREAS

READING

COMMUNICATION SKILLS*

MATHEMATICS

SOCIAL STUDIES

SCIENCE/HEALTH

* Communication Skills grade reflects spelling, grammar, mechanics and written expression.

WORK, STUDY AND CONDUCT CODE

E Excellent

N Needs Improvement

G Good

U Unsatisfactory

S Satisfactory

WORK AND STUDY HABITS

Writes Legibly

Pays Attention in Class

Completes Classwork on Time

Completes Homework

Shows Effort

CONDUCT

Observes School and Class Rules

Refrains from Unnecessary Talking

NAME John Chanthakumraro
STUDENT I.D. NO. _____
SCHOOL Troyan Hills
TEACHER LeSane
PRINCIPAL D. R. Asbury
GRADE 4 SCHOOL YEAR 19 90 19 91

ATTENDANCE RECORD

| | 1 | 2 | 3 | 4 |
|--------------|----|----|----|----|
| Days Present | 41 | 40 | 46 | 37 |
| Days Absent | 0 | 7 | 0 | 6 |

TEACHER COMMENTS:

1. CONFERENCE

10-21-90

2. John continues to have difficulty with Math. I will assign a student tutor to help. He needs to study multiplication tables. Also he needs to

3. read nightly and get his log signed.

4-10-91

John is doing better with his division. He is not reading nightly.

4. John should practice his division over the summer. Read as often as you can. Enjoy summer!

Address at time of assignment 2530 Fort St
Zip 28205

School Assignment for 19 91 19 92School Troyan Hills

School assignment is subject to correction on final progress report. Any request for change in school assignment must be made within thirty (30) days of receipt of assignment.

Grade Placement for Next Year (as of close of school) 5

Summer School: Required _____

(Clip and Return Bottom Portion)

PUPIL John Chanthakumraro

PARENT or GUARDIAN COMMENT:

000023

182



CHARLOTTE-MECKLENBURG SCHOOLS

PUPIL PROGRESS REPORT

Grades 4 - 6

SUBJECT AREA CODE

A 94 - 100 D 70 - 76
 B 85 - 93 F Below 70
 C 77 - 84 X Not graded this period

Check denotes work is below grade level; conference is strongly recommended. Example: ☒

REPORT PERIOD

SUBJECT AREAS

READING

COMMUNICATION SKILLS*

MATHEMATICS

SOCIAL STUDIES

SCIENCE/HEALTH

* Communication Skills grade reflects spelling, grammar, mechanics and written expression.

WORK, STUDY AND CONDUCT CODE

E Excellent

G Good

S Satisfactory

N Needs Improvement

U Unsatisfactory

WORK AND STUDY HABITS

Writes Legibly

Pays Attention in Class

Completes Classwork on Time

Completes Homework

Shows Effort

CONDUCT

Observes School and Class Rules

Refrains from Unnecessary Talking

NAME John Doe
 STUDENT I.D. NO. 123456
 SCHOOL Trayon Hills
 TEACHER Mr. Smith
 PRINCIPAL Mr. Jones
 GRADE 4 SCHOOL YEAR 19 11 19 12

ATTENDANCE RECORD

Days Present

Days Absent

| 1 | 2 | 3 | 4 |
|----|----|----|----|
| 77 | 36 | 46 | 36 |
| 0 | 5 | 1 | 7 |

TEACHER COMMENTS:

1. CONFERENCE

2. John does not consistently give his best effort. His written assignments lack the content planning. He did not study for reading vocabulary quizzes, and he did not pass them. He can do much better!

3. John really needs to work hard on fractions. He has gotten extra help with his tutor, but he still is having trouble. Please encourage him to keep practicing. He has also not been bringing in his homework regularly.

4. John is slow in understanding new work, but is making progress. Please encourage him to read daily. Have a nice summer.

Address at time of assignment 2530 Fort St.Charlotte, NCZip 28205School Assignment for 19 92 19 93School Trayon Hills

School assignment is subject to correction on final progress report. Any request for change in school assignment must be made within thirty (30) days of receipt of assignment.

Grade Placement for Next Year (as of close of school) 6Summer School: Required

(Clip and Return Bottom Portion)

PUPIL

Kozim Charlotte Kozim

PARENT or GUARDIAN COMMENT:

000024

183

Signature of Parent or Guardian



CHARLOTTE-MECKLENBURG SCHOOLS

PUPIL PROGRESS REPORT

Grades 4 - 6

SUBJECT AREA CODE

A 94 - 100 D 70 - 76
 B 85 - 93 F Below 70
 C 77 - 84 X Not graded this period

Check denotes work is below grade level; conference is strongly recommended. Example: ☒

REPORT PERIOD

SUBJECT AREAS

READING

COMMUNICATION SKILLS*

MATHEMATICS

SOCIAL STUDIES

SCIENCE/HEALTH

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| F | C | C | B |
| F | D | C | C |
| D | F | F | F |
| F | F | F | D |
| D | F | F | F |

* Communication Skills grade reflects spelling, grammar, mechanics and written expression.

WORK, STUDY AND CONDUCT CODE

E Excellent N Needs Improvement
 G Good U Unsatisfactory
 S Satisfactory

WORK AND STUDY HABITS

Writes Legibly

Pays Attention in Class

Completes Classwork on Time

Completes Homework

Shows Effort

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| N | U | N | N |
| N | U | N | N |
| N | N | N | N |
| N | U | U | U |
| N | U | N | S |

CONDUCT

Observes School and Class Rules

Refrains from Unnecessary Talking

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| C | S | S | S |
| C | S | G | S |

NAME John Christopher Korman
 STUDENT I.D. NO. 0024730
 SCHOOL Lyons Hill Elem.
 TEACHER M. Tuck
 PRINCIPAL D. Linn
 GRADE 5 SCHOOL YEAR 19 93 19 94

ATTENDANCE RECORD

Days Present

Days Absent

| 1 | 2 | 3 | 4 |
|---|---|----|----|
| 4 | | 41 | 44 |
| 2 | | 1 | 1 |

TEACHER COMMENTS:

1. CONFERENCE

2.

3.

4.

Address at time of assignment

Charlotte, NCSchool Assignment for 19 93 19 94School Panson

School assignment is subject to correction on final progress report. Any request for change in school assignment must be made within thirty (30) days of receipt of assignment.

Grade Placement for Next Year (as of close of school)

Summer School: Required ☒

(Clip and Return Bottom Portion)

PUPIL

PARENT or GUARDIAN COMMENT:

000025

184

| GRADING SCALE | | | | | | | | | | 024730 CHANTHAKOUMANKOSOU | | | | | | | | | | 024730 CHANTHAKOUMANKOSOU | | | | | | | | | |
|---------------|------------------|-------------|-----------|---------|--------------|-----|----|---|---|---------------------------|-----------|--------|---|----|---------|---|---|---|--|---------------------------|--|--|--|--|---------|--|--|--|--|
| Academic | | | | | Non-Academic | | | | | SUBJECT | | | | | TEACHER | | | | | SUBJECT | | | | | TEACHER | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A 94-100 | E-Excellent | RD/GEN | ISS | 7 | SMITH | 1 | 7 | D | F | ART | 11-S | FUTCH | 1 | 40 | F | D | F | F | | | | | | | | | | | |
| B 85-93 | S-Satisfactory | GEN | MATH | 7 | BLAFIE | 12 | 11 | F | F | EXPL | TECH | MAHAN | 1 | 23 | F | F | F | | | | | | | | | | | | |
| C 77-84 | U-Unsatisfactory | MATH | I-S | 3 | FUTCH | 3 | 6 | D | F | INT | SCI | KANIBE | 2 | 57 | F | F | F | | | | | | | | | | | | |
| D 70-76 | I-Incomplete | EXPLORATORY | 7 | WILLIA | 3 | 7 | F | F | F | SOC | ST | STOMBA | 4 | 55 | F | F | F | | | | | | | | | | | | |
| F 0-69 | W-Withdrawn | HLT & PE | 7Y | KORNBET | 4 | 21 | F | F | F | LA | 8 REGULAR | HANSEN | 5 | 55 | F | F | F | | | | | | | | | | | | |
| | | LUNCH | 5 | SMITH | 5 | 8 | F | F | F | GEN | MATH | BLAKE | 5 | 12 | F | F | F | | | | | | | | | | | | |
| | | SOC | ST | 7 | INT | SCI | 7 | D | D | LUNCH | 6 | HANSEN | 6 | 66 | F | F | F | | | | | | | | | | | | |
| | | LA | 7 REGULAR | GLUVAS | 8 | 12 | D | D | D | HLT & PE | 8Y | BODE | 7 | 5 | F | F | F | | | | | | | | | | | | |
| | | | | | | | | | | RD/GLN | ISS | HANSEN | 8 | | S | S | S | | | | | | | | | | | | |

Date of photo (use pencil)

07-005 93-94
RANSON MIDDLE 15 07 18 55

08-018 94-95
RANSON MIDDLE 62 08 18 55

Sumner School - No photo

Retained

Promoted

ATTACH
PHOTO
HERE

AT20-01-R494

05/27/96 12.24.36

D A I L Y A T T E N D A N C E

STU ID 0024730

NAME LAST CHANTHAKOUMMAN
FIRST KOSOUL
MI
PHONE 376-9421

SCHOOL 5381
STATUS I
GRADE 08
SECTION 834

DATE ENTERED 09/08/95
DATE WITHDRAWN 10/24/95

TOTAL ABSENCES SEMESTER 1 - 13
TOTAL ABSENCES SEMESTER 2 - 0

CURRENT SEMESTER DATE LETTERS PRINTED

FOR ANOTHER STUDENT, CHANGE STU ID AND PRESS ENTER
TO DISPLAY CALENDAR, ENTER SEMESTER 2 AND PRESS ENTER

* EXIT ISIS = F13

* OTHER FUNCTIONS = CLEAR

1B Aa

B0--SESSION1 R 5 C 9 o-o__ 20:37 5/26/96

AT20-02-R494

A031 - STUDENT IS NOT ACTIVE

05/27/96 12.25.11

MON

TUE

WED

THR

FRI

| | | | | | | |
|----------------------|---|---------------|-----------|-----------|-----------|-----------|
| STU ID 0024730 SEM 1 | : | AUG 21 | 22 | 23 | 24 | 25 |
| STUDENT NAME | : | A/S 28 | 29 | 30 | 31 | 1 NO SCH |
| LAST : CHANTHAKOUM | : | SEP 4 NO SCH | 5 | 6 | 7 | 8 |
| FIRST : KOSOUL | : | SEP 11 T | 12 T | 13 | 14 | 15 T |
| MIDDLE: | : | SEP 18 | 19 | 20 | 21 | 22 |
| SCHOOL 5381 STATUS I | : | SEP 25 T | 26 | 27 A2 | 28 A2 | 29 A2 |
| GRADE 08 HR 834 | : | OCT 2 T | 3 | 4 T | 5 | 6 A2 |
| ENTERED : 09/08/95 | : | OCT 9 | 10 | 11 A2 | 12 O1112 | 13 O1112 |
| WITHDRAWN: 10/24/95 | : | OCT 16 O1112 | 17 O1112 | 18 O1112 | 19 O1112 | 20 O1112 |
| | : | OCT 23 O1112 | 24 | 25 | 26 | 27 |
| * SHORT DAY | : | O/N 30 NO SCH | 31 NO SCH | 1 | 2 | 3 |
| E = EXCUSED EARLY | : | NOV 6 | 7 NO SCH | 8 | 9 | 10 |
| C T = TARDY | : | NOV 13 | 14 | 15 | 16 | 17 |
| O SUSPENSION | : | NOV 20 | 21 | 22 | 23 NO SCH | 24 NO SCH |
| D I = IN-SCHOOL | : | N/D 27 | 28 | 29 | 30 | 1 |
| E O = OUT-OF-SCHOOL | : | DEC 4 | 5 | 6 | 7 | 8 |
| S OTHER | : | DEC 11 | 12 | 13 | 14 | 15 |
| A = ABSENT | : | WINTER | BREAK: | DEC 18 | THRU | 29 |
| * S = SPECIAL NOTE | : | JAN 1 NO SCH | 2 | 3 | 4 | 5 |
| | : | JAN 8 NO SCH | 9 NO SCH | 10 NO SCH | 11 NO SCH | 12 NO SCH |
| CLEAR = RETURN | : | JAN 15 NO SCH | 16 | 17 | 18 | 19 |
| F13 = EXIT ISIS | : | JAN 22 | 23 | 24 | 25 | 26 |

1B Aa

B0--SESSION1 R 3 C 9 o-o__ 20:37 5/26/96

GR20-01-R494

S T U D E N T G R A D E S

05/27/96 12.25.36

STUDENT ID: 0024730 NAME: CHANTHAKOUMMANKOSOUL STATUS: I
 SCHOOL NO: 5381 GRADE: 08 HOMEROOM: 834 WARDLOW ABSENCES: 013

| X | PER | DUR | COURSE | TCH | Q1 GR | Q1 ABS | Q2 GR | Q2 ABS | S1 EX | S1 GR | Q3 GR | Q3 ABS | Q4 GR | Q4 ABS | S2 EX | S2 GR | YR GR | YR ABS | CRDT |
|---|-----|------|--------|-----|----------|-----------|----------|-----------|----------|----------|----------|-----------|----------|-----------|----------|----------|----------|-----------|------|
| 1 | S1 | 8962 | 610 | | | | | | | | | | | | | | | | 000 |
| 1 | S2 | 8972 | 612 | | | | | | | | | | | | | | | | 000 |
| 2 | Y | 5210 | 608 | | | | | | | | | | | | | | | | 000 |
| 3 | Y | 0801 | 831 | | | | | | | | | | | | | | | | 000 |
| 4 | Y | 9329 | 903 | | | | | | | | | | | | | | | | 000 |
| 5 | Y | 4024 | 832 | | | | | | | | | | | | | | | | 000 |
| 6 | Y | 3005 | 833 | | | | | | | | | | | | | | | | 000 |
| 7 | Y | 9351 | 903 | | | | | | | | | | | | | | | | 000 |
| 8 | Y | 1195 | 832 | | | | | | | | | | | | | | | | 000 |

SCHEDULE SCREEN=F1 NEW STUDENT/MODIFY=ENTER EXIT ISIS=F13 MENU=CLEAR
 4B Aa B0--SESSION1 R 4 C 15 o-o__ 20:39 5/26/96

A031 - STUDENT IS NOT ACTIVE

GR10-01-R494

S T U D E N T S C H E D U L E

05/27/96 12.26.40

STUDENT ID: 0024730 NAME: CHANTHAKOUMMANKOSOUL STATUS: I RACE: R
 SCHOOL NO: 5381 PARENT: CHANTHAKOUMMANKOMONH PHONE: 376-9421
 GRADE: 08 HOMEROOM: 834-WARDLOW RM: 203 ABSENCES: 013

| D/A | PER | DUR | COURSE | TEACHER | ROOM |
|-----|-----|------|--------------|--------------|------|
| 01 | S1 | 8962 | PE 8 | 610 GUTHERIE | GYM |
| 01 | S2 | 8972 | HEALTH 8 | 612 CAMPBELL | |
| 02 | Y | 5210 | SPANISH I | 608 HERERA | S-3B |
| 03 | Y | 0801 | LA 8 REGULAR | 831 ANDERSON | 000 |
| 04 | Y | 9329 | EC SC MATH | 903 FEAMSTER | 207B |
| 05 | Y | 4024 | SOC ST 8 | 832 BROWN | 208 |
| 06 | Y | 3005 | INT SCI 8 | 833 GABRIS | 210 |
| 07 | Y | 9351 | EC STDY SK-Y | 903 FEAMSTER | 207B |
| 08 | Y | 1195 | READING 8 Y | 832 BROWN | 000 |

** LAST CHANGE ** DATE: 10/24/95 TIME: 17:16:14 TERMID:

GRADE SCREEN=F1 NEW STUDENT/UPDATE=ENTER EXIT ISIS=F13 MENU=CLEAR
 4B Aa B0--SESSION1 R 4 C 15 o-o__ 20:39 5/26/96

Gatling JDCDATE: 1/22/96TO: Eastway Middle 2nd QUARTER 1995-96 YEAR
0024730STUDENT: Kasoul (John) Chonthakoenmone (DOB- 10/1/80)AT GATLING FROM 11/1/95 TO 12/4/95TOTAL DAYS OF ATTENDANCE: 11

GRADES ACHIEVED AT GATLING:

LANGUAGE ARTS/ENGLISH/Reading AMATH CSCIENCE BSOCIAL STUDIES/DECISIONS BHealth BComputer Studies B

COMMENTS: _____

BEHAVIOR: Satisfactory

TEACHERS --

GARY KILLIAN

PENNY GREENWOOD PJS

CHARLOTTE-MECKLENBURG SCHOOLS

COURIER #642

875-2922 - GATLING JDC

1985-86 K Chantilly

3919#7 Tennessee

"moderate high frequency hearing loss"

CHARLOTTE-MECKLENBURG SCHOOLS EXCEPTIONAL CHILDREN'S PROGRAM

Report of Hearing Evaluation

Re: Koussoul Chanthakoummane

Your child's hearing was tested on 3-5 & 6. The results of that test are described in the paragraph below.

_____ Results indicate that your child has normal hearing at this time.

_____ A slight hearing loss was identified. At this time, the hearing loss does not warrant a medical referral, nor should it cause any communication difficulty. Your child will receive periodic hearing tests at school to monitor this slight hearing loss. The teacher(s), nurse and principal have been advised of these results.

_____ Your child's hearing was normal, however, another test useful in identifying middle ear problems showed some pressure behind his/her eardrum(s). This often occurs when an ear infection is just beginning or ending, and is often associated with colds or congestion. Because there is no hearing loss and because many times this situation will clear up by itself, I am reluctant to refer you to the doctor at this time. (You may wish to take your child to the doctor anyway). Your child's hearing will be rechecked and you will be notified of the results.

X A slight hearing loss was identified, however, the results do not warrant a medical referral at this time. Please call 333-9694 to schedule further hearing testing in the school Audiology Clinic.

_____ Please call me at 333-9694 to discuss your child's hearing test results.

_____ There has been no significant change in your child's hearing since he was last tested. We will continue to recheck his/her hearing annually and notify you of the results.

_____ Please refer this student to the audiologist if you suspect his/her hearing has changed or is adversely affecting the child's education.

_____ Results suggest the possibility of a significant hearing loss. Further testing is necessary to determine how much hearing loss exists. Please call this office (333-9694) for an appointment if you want to have the testing done free by the school audiologist. If you are aware of a hearing loss and your child has been evaluated within the last year, please call so that we may have more information for the school's records.

If there are any changes in the preceding recommendations an amended or superseding report will be sent. Until one arrives, this report should be assumed to be current.

Sincerely,



Audiologist

This report should be made available to administrators, teachers, and parents upon request. The report should then be filed in the child's cumulative record.

CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION

B18458

9/85

PROGRAM FOR THE HEARING IMPAIRED

Name: Kousoul Chartha Koummanz Sex: M F Race: W B A Other: AsianBirthdate: 10-1-80 Home Phone: 393-5366 From Screening: X

Work Phone: _____

Referred by: _____

Parents: F) Komonk & M) Phongsavut

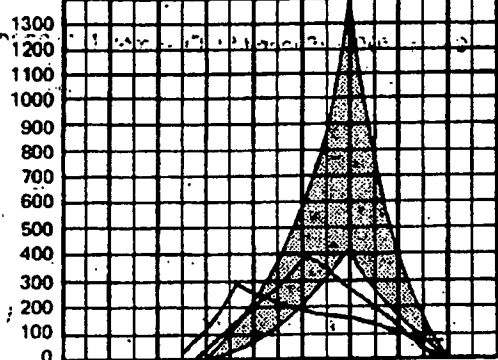
Retest of known case: _____

Address: 3919 # 7 Tennessee City: 16Test Date: 3-5-86School: ChantillyGrade: K ID#: 0024730Parent Permission: Y/S

TYMPANOGRAM

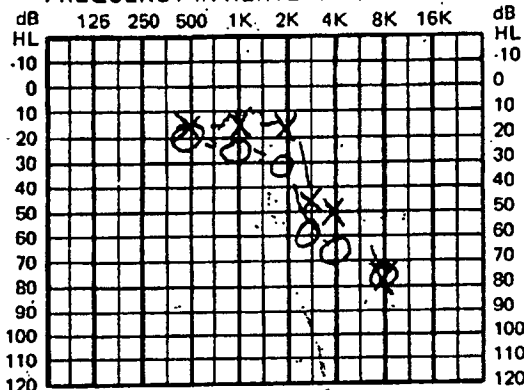
PRESSURE-IN mm WATER

-600 -500 -400 -300 -200 -100 0 +100 +200 +300



AUDIOGRAM

FREQUENCY IN HERTZ - ANSI REFERENCE



ACOUSTIC REFLEX

CONTRALATERAL IPSILATERAL

| | 500 | 1000 | 2000 | 4000 |
|---|-----|------|------|------|
| L | | 105 | 105 | |
| R | | 105 | 105 | |

PURE TONE

AVERAGE HEARING LEVEL

(500 - 2000 HERTZ)

| | AIR | BONE |
|---|-----|------|
| L | | |
| R | | |

KEY

| | AIR | AIR MASKED | BONE | BONE MASKED |
|---|-----|------------|------|-------------|
| L | x | □ | > | □ |
| R | o | Δ | < | □ |

TEST RELIABILITY

GOOD FAIR POOR

| | | |
|--|---|--|
| | | |
| | x | |

N/R = NO RESPONSE

DNT = DID NOT TEST

CNT = COULD NOT TEST

CANAL VOLUME
IN cc

| | |
|---|----|
| L | .8 |
| R | .8 |

SPEECH AUDIOMETRY

| | SRT | Quiet | @db | Noise |
|---------|-----|-------|-----|-------|
| RIGHT | | % | db | % |
| LEFT | | % | db | % |
| FIELD | | % | db | % |
| OWN AID | | % | db | % |
| TRAINER | | % | db | % |

S/N for SDN _____ db

REFERRED BY: Susan E. Greene

AUDIOLOGIST

MIDDLE EAR
PRESSURE
IN mm WATER

| | |
|---|--|
| L | |
| R | |

AUDIOLOGIC EVALUATION RESULTS MAY CHANGE OVER TIME. PLEASE NOTE DATE OF TESTING.

| | R | | L | | R | | L |
|----------------|-------|----------------|-------|------------------|-------|----------|-------|
| Hearing Levels | _____ | normal hearing | _____ | Tympanometry | _____ | Type A | _____ |
| | _____ | slight loss | _____ | | _____ | Type A | _____ |
| | _____ | mild loss | _____ | | _____ | Type A | _____ |
| | _____ | moderate loss | _____ | | _____ | Type B | _____ |
| | _____ | severe loss | _____ | | _____ | Type C | _____ |
| | | | | Stapedial Reflex | _____ | normal | _____ |
| | | | | contra - ipsi | _____ | elevated | _____ |
| | | | | | _____ | absent | _____ |

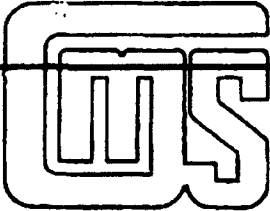
Otoscopy: _____

Summary: _____

000032

Physician, please fill out summary report on reverse side.

191



Metro Center
700 East Second Street
Charlotte, North Carolina 28202
Telephone (704) 333-9694

Jay M. Robinson
Superintendent of Schools

Hearing Evaluation

Name: Kousoul Chantha Koummane
Date: March 19, 1986
School: Chantilly

DOB: 10-1-80
Parents: Komonh & Phongsamont
Address: 3919 Tennessee Avenue #7
Charlotte, NC 28216

History


Kousoul failed the mass screening at Chantilly in January. Retesting at school indicated a moderate high frequency hearing loss bilaterally. He was scheduled in the clinic to obtain word discrimination scores and to confirm the hearing loss.

Results

Pure tone results were consistent with those obtained at school March 5, 1986. Speech Recepton Scores were consistent with pure tone results. Word discrimination scores were poor (44%) in the right ear and fair (72%) in the left ear. Kousoul's discrimination scores may be better than these scores reflect due to language differences.

Recommendations

1. Kousoul should receive preferential seating in the classroom close to the teacher.
2. Kousoul should have his hearing tested at least annually.
3. Kousoul should be seen by an Ear, Nose and Throat Physician to have his hearing loss evaluated.


Susan E. Greene
Audiologist

cc: Sharon Tompkins
Parents

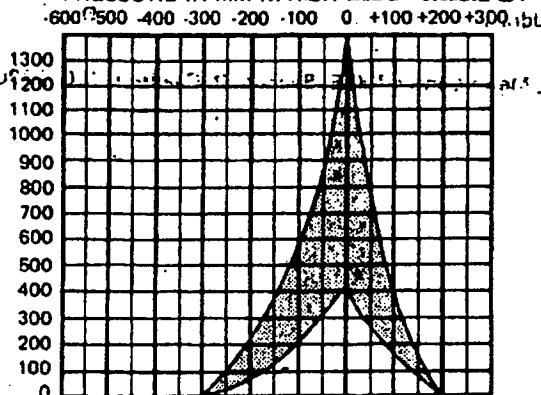
000033

CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION PROGRAM FOR THE HEARING IMPAIRED

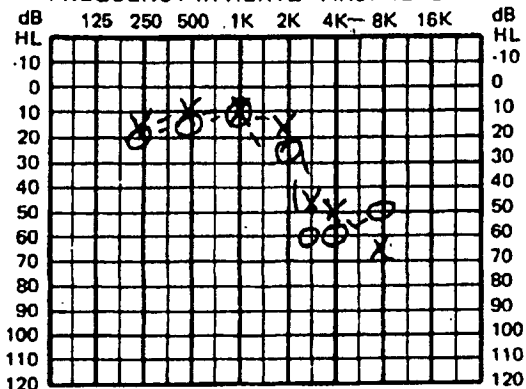
9/85

Name: Kousoul Chanthakoummane Sex: (M) F Race: W B (A) Other: _____
 Birthdate: _____ Home Phone: _____ From Screening: _____
 Work Phone: _____ Referred by: _____
 Parents: _____ Retest of known case: X
 Address: _____ City: _____ Test Date: 3-19-86
 School: Chantilly Grade: K ID#: _____ Parent Permission: yes

TYMPANOGRAM PRESSURE-IN mm WATER



AUDIOGRAM FREQUENCY IN HERTZ - ANSI REFERENCE



ACOUSTIC REFLEX CONTRALATERAL IPSILATERAL

| | 500 | 1000 | 2000 | 4000 |
|---|-----|------|------|------|
| L | | | | |
| R | | | | |

PURE TONE AVERAGE HEARING LEVEL (500 - 2000 HERTZ)

| | AIR | BONE |
|---|-----|------|
| L | | |
| R | | |

KEY

| | AIR | AIR MASKED | BONE | BONE MASKED |
|---|-----|------------|------|-------------|
| L | x | □ | > | □ |
| R | ○ | △ | < | □ |

TEST RELIABILITY GOOD FAIR POOR

| | | |
|--|---|--|
| | X | |
|--|---|--|

N/R - NO RESPONSE
 DNT - DID NOT TEST
 CNT - COULD NOT TEST

CANAL VOLUME IN cc

| | |
|---|--|
| L | |
| R | |

SPEECH AUDIOMETRY

| | SRT | Quiet | @db | Noise |
|---------|-----|-------|-------|-------|
| RIGHT | 10 | 44 % | 40 db | % |
| LEFT | 15 | 72 % | 45 db | % |
| FIELD | | % | db | % |
| OWN AID | | % | db | % |
| TRAINER | | % | db | % |

MIDDLE EAR PRESSURE IN mm WATER

| | |
|---|--|
| L | |
| R | |

S/N for SDN _____ db

REFERRED BY: Susan E. Greene

AUDIOLOGIST

AUDIOLOGIC EVALUATION RESULTS MAY CHANGE OVER TIME. PLEASE NOTE DATE OF TESTING.

| | R | | L | | R | | L |
|----------------|-------|----------------|-------|------------------|-------|----------|-------|
| Hearing Levels | _____ | normal hearing | _____ | Tympanometry | _____ | Type A | _____ |
| | _____ | slight loss | _____ | | _____ | Type A | _____ |
| | _____ | mild loss | _____ | | _____ | Type A | _____ |
| | _____ | moderate loss | _____ | | _____ | Type B | _____ |
| | _____ | severe loss | _____ | | _____ | Type C | _____ |
| | | | | Stapedial Reflex | _____ | normal | _____ |
| | | | | contra - ipsi | _____ | elevated | _____ |
| | | | | | _____ | absent | _____ |

Otoscopic _____

Summary _____

000034

Physician, please fill out summary report on reverse side.

193

6164.06
10-81**CHARLOTTE-MECKLENBURG SCHOOLS
EDUCATION REPORT****Exceptional Children's Program
for the Hearing Impaired****CONFIDENTIAL****(For Administrators, Teachers, Parents)**

NAME: Kousoul Chanthakoummane **DATE:** April 7, 1986
GRADE: K **SCHOOL:** Chantilly

Discussion of Hearing Loss:

Kousoul has a moderate high frequency hearing loss bilaterally with normal hearing through 1500-2000Hz. His ability to understand speech at a soft conversational level was poor in the right ear and fair in the left ear, however, the language differences should be kept in mind.

Suggested Educational Adjustments:

1. Teachers should be aware that this child may experience some difficulty in hearing and producing sounds. For example, he may hear boo for books or a for hot, etc.
2. In dictating problems, giving assignments, directions and making announcements, the teacher should stand so that the child is near the speaker.
3. Kousoul may rely on speechreading skills. If he seems confused by a sentence, it should be rephrased because he may not have been able to speechread the original sentence.
4. Avoid talking with hands, books, etc. covering the mouth. Also avoid talking while faced more than ninety degrees away from the child.
5. Make sure you have his attention before dictating a problem, making an assignment, etc.
6. Speak naturally. Do not exaggerate speech movements for the child's benefit. Exaggerated lip, jaw and/or tongue movements may confuse him.
7. Ask the child an occasional question related to the subject under discussion to make certain that he is following the discussion and understands it.
8. Encourage the child to ask to have statements repeated when he does not understand what has been said.
9. In matters of discipline and assignments, he should be treated as much like a normal hearing pupil as possible.
10. All special attention shown to this pupil should be handled in such a way that it does not call attention to his hearing impairment.

COMMENTS

Kousoul should be observed for characteristics which may indicate that his hearing loss is becoming worse. Should further hearing loss be suspected, the audiologist serving your school should be contacted so appropriate testing and follow-up can be administered.

Kousoul will receive at least an annual hearing evaluation so that if the loss should become worse it can be treated as soon as possible.

000035

86-87

Grade One Irewin

Teacher Lardleir

2530 Fort St.

Please sign and return



RE: Chantnakoum mane Kousoul

Charlotte-Mecklenburg Board of Education
Post Office Box 30035
Charlotte, North Carolina 28230
Telephone (704) 379-7000

Jay M. Robinson
Superintendent of Schools

Dear Parent,

As a part of our educational program, the Charlotte-Mecklenburg School System provides a hearing screening each year for all kindergarten, first grade, and fifth/sixth grade students. We are required by law to get parent permission before we can do comprehensive follow-up hearing testing. Please sign the appropriate statement below to let us know whether you want your child to be eligible for this service.

This is not a notification that your child has a hearing loss.

If your child does fail the hearing test, we will let you know. This letter is just a request to allow your child to receive hearing testing.

Sign this form and return it to your child's classroom teacher.

I give permission for my child's hearing to be tested.

Kenosh Chantnakoum mane

Signature

I do not want my child's hearing to be tested.

Signature

000037

Charlotte-Mecklenburg Schools
Exceptional Children0104.00.
8-82

SPEECH AND LANGUAGE SCREENING FORM

Student's Name Kansoul Chanthakoummane 0024732 I.D. No. 0024732 D.O.B.C.A. 0024732
 School Erwin Teacher Laedle Grade 1
 Examiner Henderson Screening Date 5-19-87

I. Receptive Vocabulary
cor. inc.

| | | |
|-----|---|---|
| 1. | 0 | 0 |
| 2. | 0 | 0 |
| 3. | 0 | 0 |
| 4. | 0 | 0 |
| 5. | 0 | 0 |
| 6. | 0 | 0 |
| 7. | 0 | 0 |
| 8. | 0 | 0 |
| 9. | 0 | 0 |
| 10. | 0 | 0 |
| 11. | 0 | 0 |
| 12. | 0 | 0 |

Labeling
trial

| | | | |
|-----|---|---|---|
| 1. | 0 | 0 | 0 |
| 2. | 0 | 0 | 0 |
| 3. | 0 | 0 | 0 |
| 4. | 0 | 0 | 0 |
| 5. | 0 | 0 | 0 |
| 6. | 0 | 0 | 0 |
| 7. | 0 | 0 | 0 |
| 8. | 0 | 0 | 0 |
| 9. | 0 | 0 | 0 |
| 10. | 0 | 0 | 0 |
| 11. | 0 | 0 | 0 |
| 12. | 0 | 0 | 0 |

Articulation errors

| | |
|-----|---|
| 1. | 0 |
| 2. | 0 |
| 3. | 0 |
| 4. | 0 |
| 5. | 0 |
| 6. | 0 |
| 7. | 0 |
| 8. | 0 |
| 9. | 0 |
| 10. | 0 |
| 11. | 0 |
| 12. | 0 |

II. Semantics
(receptive) (Expr.)
yes no

| | | |
|----|---|---|
| 1. | 0 | 0 |
| 2. | 0 | 0 |
| 3. | 0 | 0 |
| 4. | 0 | 0 |
| 5. | 0 | 0 |
| 6. | 0 | 0 |
| 7. | 0 | 0 |
| 8. | 0 | 0 |

III. Morphology
cor. inc.

| | | |
|----|---|---|
| 1. | 0 | 0 |
| 2. | 0 | 0 |
| 3. | 0 | 0 |
| 4. | 0 | 0 |
| 5. | 0 | 0 |
| 6. | 0 | 0 |
| 7. | 0 | 0 |
| 8. | 0 | 0 |
| 9. | 0 | 0 |

IV. Syntax
cor. inc.

| | | |
|-----|---|---|
| 1. | 0 | 0 |
| 2. | 0 | 0 |
| 3. | 0 | 0 |
| 4. | 0 | 0 |
| 5. | 0 | 0 |
| 6. | 0 | 0 |
| 7. | 0 | 0 |
| 8. | 0 | 0 |
| 9. | 0 | 0 |
| 10. | 0 | 0 |
| 11. | 0 | 0 |
| 12. | 0 | 0 |

Picture Description
 Subject/Verb Responses
 Minus (-) errors
 Total

Check Areas Needing Further Diagnostics

Receptive Vocabulary
 Labeling
 Semantics
 Morphology
 Syntax

Articulation
 Voice
 Fluency
 Hearing
 Other

6164.54
10.81

**CHARLOTTE-MECKLENBURG SCHOOLS
EDUCATION REPORT**

Exceptional Children's Program
for the Hearing Impaired

CONFIDENTIAL

(For Administrators, Teachers, Parents)

NAME: Kousoul Chanthakoummane DATE: _____
GRADE: _____ SCHOOL: _____

Page 2

Discussion of Hearing Loss:

If there are any changes in the preceding recommendations, an amended or superseding report will be sent. Until one arrives, this report should be assumed to be current.

Susan E. Greene

Susan E. Greene
Audiologist

CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION

PROGRAM FOR THE HEARING IMPAIRED

Name: Kousoul Chanthakoummane Sex: (M) F Race: W B A (Other)Birthdate: 10-1-80Home Phone: 334-7566Work Phone: 527-7011

From Screening:

Parents: (7) Romanh & Phongsamont

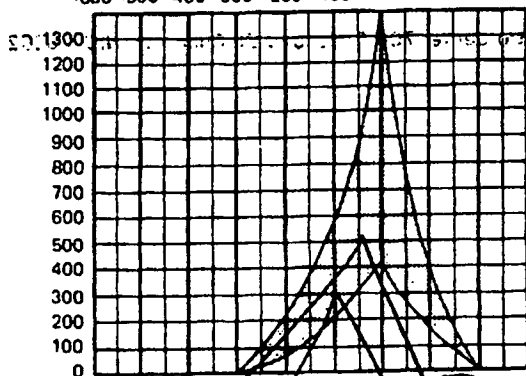
Referred by:

Address: 2530 Fort St. City: 28205Retest of known case: ✓School: Irwin Ave. 427 Grade: 1 ID#: 0024730Test Date: 5-29-87Parent Permission: ✓

TYMPANOGRAM

PRESSURE IN mm WATER

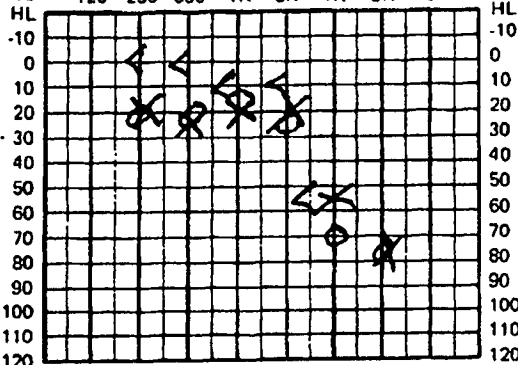
-600 -500 -400 -300 -200 -100 0 +100 +200 +300



AUDIOGRAM

FREQUENCY IN HERTZ - ANSI REFERENCE

125 250 500 1K 2K 4K 8K 16K

S
T
I
M
U
L
A
T
E
D

ACOUSTIC REFLEX

CONTRALATERAL IPSILATERAL

500 1000 2000 4000

| | | | |
|---|----|--|--|
| L | 95 | | |
| R | NT | | |

PURE TONE

AVERAGE HEARING LEVEL

(500 - 2000 HERTZ)

| AIR | BONE |
|-----|------|
| R | |

KEY

| | AIR | AIR MASKED | BONE | BONE MASKED |
|---|-----|------------|------|-------------|
| L | x | □ | > | □ |
| R | o | △ | < | □ |

N/R = NO RESPONSE

DNT = DID NOT TEST

CNT = COULD NOT TEST

TEST RELIABILITY

| GOOD | FAIR | POOR |
|------|------|------|
| ✓ | | |

CANAL VOLUME
IN cc

| | |
|---|-----|
| L | 1.0 |
| R | 1.0 |

SPEECH AUDIOMETRY

| | SRT | Quiet | @db | Noise |
|---------|-----|-------|-------|-------|
| RIGHT | 10 | 100% | 50 db | 76% |
| LEFT | 10 | 100% | 50 db | 76% |
| FIELD | | % | db | % |
| OWN AID | | % | db | % |
| TRAINER | | % | db | % |

MIDDLE EAR
PRESSURE
IN mm WATER

| | |
|---|------|
| L | -110 |
| R | -25 |

S/N for SDN _____ db

REFERRED BY: Mark Quinn

AUDIOLOGIST

AUDIOLOGIC EVALUATION RESULTS MAY CHANGE OVER TIME. PLEASE NOTE DATE OF TESTING.

| | R | L | | R | L |
|----------------|----------------|-------|------------------|----------|-------|
| Hearing Levels | _____ | _____ | Tympanometry | _____ | _____ |
| | normal hearing | _____ | | Type A | _____ |
| | slight loss | _____ | | Type A | _____ |
| | mild loss | _____ | | Type A | _____ |
| | moderate loss | _____ | | Type B | _____ |
| | severe loss | _____ | | Type C | _____ |
| | | _____ | Stapedial Reflex | normal | _____ |
| | | _____ | contra - ipsi | elevated | _____ |
| | | _____ | | absent | _____ |

Otoscope: OKSummary: See Report

000040

Physician, please fill out summary report on reverse side.

199

CHARLOTTE-MECKLENBURG SCHOOLS EXCEPTIONAL CHILDREN'S PROGRAM

Report of Hearing Evaluation

Re: Kousoul Chanthakoumane.

Your child's hearing was tested on 5-6-87. The results of that test are described in the paragraph below.

_____ Results indicate that your child has normal hearing at this time.

_____ A slight hearing loss was identified. At this time, the hearing loss does not warrant a medical referral, nor should it cause any communication difficulty. Your child will receive periodic hearing tests at school to monitor this slight hearing loss. The teacher(s), nurse and principal have been advised of these results.

_____ Your child's hearing was normal, however, another test useful in identifying middle ear problems showed some pressure behind his/her eardrum(s). This often occurs when an ear infection is just beginning or ending, and is often associated with colds or congestion. Because there is no hearing loss and because many times this situation will clear up by itself, I am reluctant to refer you to the doctor at this time. (You may wish to take your child to the doctor anyway). Your child's hearing will be rechecked and you will be notified of the results.

_____ A slight hearing loss was identified, however, the results do not warrant a medical referral at this time. Please call 333-9694 to schedule further hearing testing in the school Audiology Clinic.

_____ Please call me at 333-9694 to discuss your child's hearing test results.

_____ There has been no significant change in your child's hearing since he was last tested. We will continue to recheck his/her hearing annually and notify you of the results.

_____ Please refer this student to the audiologist if you suspect his/her hearing has changed or is adversely affecting the child's education.

✓ Results suggest the possibility of a significant hearing loss. Further testing is necessary to determine how much hearing loss exists. Please call this office (333-9694) for an appointment if you want to have the testing done free by the school audiologist. If you are aware of a hearing loss and your child has been evaluated within the last year, please call so that we may have more information for the school's records.

If there are any changes in the preceding recommendations an amended or superseding report will be sent. Until one arrives, this report should be assumed to be current.

Sincerely,



Audiologist

This report should be made available to administrators, teachers, and parents upon request. The report should then be filed in the child's cumulative record.

*Please call for an appointment
as soon as possible, as school
will be out very soon. Thanks.*

87-88 Grade - 00 Drwin

language in home: Khmer

"permanent high freq hearing loss"

HARLOTTE-MECKLENBURG SCHOOL

6164.14

8/80

Referral for Exceptional Children Services

FOCUS OF CONCERN

1. I.D. Number 0024230 School Irwin Date 9/17/87
 Pupil Kansoul Chanthanmane Grade 2 DOB 10/1/80
 Current Educational Program Regular Program Language Used in Home Khmer
 Date of Request for Assistance 9/17/87 Previous retentions (specify grade levels) _____

2. My continuing concerns after intervention attempts are (check one or more):
 a. Academic achievement ☒ d. Physical/medical concerns _____
 b. Social-emotional adjustment ☒ e. Other _____
 c. Communication ☒

Comments:

3. Have the parents been informed of your concerns? Yes ☒ No _____

4. Classroom Performance (Please Check):

| | Well Below Average | Below Average | Average | Above Average |
|-----------------------------|-------------------------------------|------------------|-------------------------------------|------------------|
| Reading or Readiness Skills | <input checked="" type="checkbox"/> | | | |
| Math or Readiness Skills | | | | |
| Language Development | | | <input checked="" type="checkbox"/> | |
| Motor Skills | | | <input checked="" type="checkbox"/> | |
| Other: _____ | | | | |

5. Check behaviors you have observed:

- | | |
|---|--|
| a. Physical or verbal aggression toward classmates _____, toward teachers _____ | i. Easily frustrated _____ |
| b. Social rejection by classmates _____ | j. Fabricates or grossly exaggerates _____ |
| c. Short attention span <input checked="" type="checkbox"/> | k. Rarely completes seatwork <input checked="" type="checkbox"/> |
| d. Out of seat without permission <input checked="" type="checkbox"/> | m. Seatwork is usually inaccurate _____ |
| e. Doesn't follow oral directions _____ | n. Temper tantrums _____ |
| f. Shy or withdrawn _____ | o. Easily distracted <input checked="" type="checkbox"/> |
| g. Talks without permission <input checked="" type="checkbox"/> | p. Excessive absences _____ |
| h. Crying; general apprehension _____ | Uncooperative _____ |

6. Most recent test results (cumulative folder):

| | Date | Standard Score | Grade Level Equivalent | Percentile |
|--------------------------|-------|-------------------|---------------------------|------------|
| Calif. Achievement Test | _____ | _____ | _____ | _____ |
| Cognitive Abilities Test | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ |

Screening (Please check and attach screening results)

Speech-Language (6164.60) _____
 Vision (6164.12) _____
 Health (6164.13) _____
 Hearing (6164.10) _____

7. Has this pupil been tested on an individual basis? yes _____ no _____
 If yes, please state when, by whom, and test results _____

8. Referred by: Virginia Stahenberg ESL Teacher 9/17/87
 Name Title Date

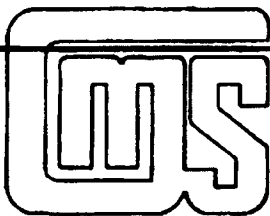
Reviewed by: Medford Wright 11/21/88
 School Principal/WAPA/API Date

11/21/88 → Presented to SSC
 Certified Intensive language + Instructional
 Articulation. (Waiting List)

White: Cumulative folder
 Yellow: School Service Committee
 Pink: School Service Specialist/Psychologist

000044

203



Charlotte-Mecklenburg Board of Education
Post Office Box 30035
Charlotte, North Carolina 28230
Telephone (704) 379-7000

Please Sign & Return ^{6164.16}
to school _{10/87}

1st letter 10/6/87
2nd letter 10/20/87

Dear Parents:

Certain due process rights and protections are provided to everyone involved in the process of educating exceptional children, including the child, the parents, and the school system. Throughout this process of identification, evaluation, individual educational program planning and placement, parents will be asked to participate either through direct involvement in meetings or through written communication with school personnel. The statements below summarize the main steps included in due process. Each of these steps reinforces your right as a parent to be involved and informed of decisions about your child.

You have a right to have your child educated with non-exceptional children to the maximum extent appropriate.

Before your child is tested or placed in a program for exceptional children, you have a right to be notified of and review what the school plans to do.

You must give written consent before initial special tests are conducted and before your child is initially placed in a program for exceptional children.

You have the right to request an independent educational evaluation to be conducted at public expense if you do not agree with the evaluation provided by the school. However, the school has the right to request a hearing to show that its evaluation was appropriate. Should the hearing officer rule in favor of the school, you may still obtain an independent evaluation but at your own expense. If you have an independent evaluation conducted, the results will be considered by the school in any decision regarding your child's education.

You have a right to know what records are kept on your child and a right to see, copy, have explained, correct, add to any records, or request removal of information.

With the exception of certain individuals such as school officials, no one may see your child's records unless you give your permission.

If at any time you and the school cannot agree on the records kept, testing, placement or services for your child, you have the right to a hearing conducted by an impartial hearing officer within 30 days of your request. A hearing request must be made in writing to Jerald Moore (address above) within 30 days of receipt of the notice of testing or placement. At the hearing you may: be represented by legal counsel, compel witnesses to come and cross examine them, have your child attend, have it open to the public (if requested 10 days before), present evidence (if given to the other party 5 days before).

For further information on any of the above steps, you may contact your school or Services for Exceptional Children at 379-7115.

Please return signed white copy to school.

I have reviewed these guidelines and received a copy of the brochure entitled YOUR RIGHTS AS A PARENT OF AN EXCEPTIONAL CHILD.

X K. Chandra
Parent/Guardian

X 10/23/87
Date

White: Parent
Yellow: Cumulative folder

000045

204

Classification
Non-classified students do not meet N.C. and Charlotte-Mecklenburg criteria for an exceptional child.
Mentally Handicapped students are those whose general intelligence and social skills are significantly below average and whose ability to cope with natural and social environments is significantly below average.
Learning Disabilities
Students are those who demonstrate a learning disability in reading, writing, or mathematics.

CONSENT FOR ASSESSMENT

DATE 10/2/13
K. Christensen STUDENT ID NO. 0024730
Parents SCHOOL Jr. High

For a child to get the education he/she needs, it is important for the school and parents to work together and share information. In order to get this information, it is necessary to assess your child on an individual basis. This assessment will be done at no cost to you. Your child will be observed and assessed to describe his/her current functioning in the following areas that are checked:

| AREA | INFORMATION | EVALUATOR(S) |
|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> Physical Health | Vision, hearing, physical examination | School Nurse, Audiologist, Physician |
| <input type="checkbox"/> Educational Assessment | Reading, mathematics and other subjects | Classroom or Special Teacher |
| <input type="checkbox"/> Psychological | Mental ability, emotional development, perceptual development, and adaptive behavior | Psychologist |
| <input type="checkbox"/> Social Appraisal | Social, personal, behavioral and developmental history | Counselor, Social Worker |
| <input checked="" type="checkbox"/> Communication Skills | Understanding and using spoken language | Speech/Language Clinician |
| <input type="checkbox"/> Other | | |

I GIVE PERMISSION FOR the Charlotte-Mecklenburg Schools to proceed with the evaluation(s) to determine whether or not my child is eligible for special education services to meet his/her needs. I understand that I have the right to review my child's school records and to be informed of the results of this evaluation. I understand that no change will be made in my child's program as a result of these evaluations without my knowledge. I understand that I have the right to refuse to give permission for this evaluation.

Date 10/2/13 Signature of Parent/Guardian K. Christensen

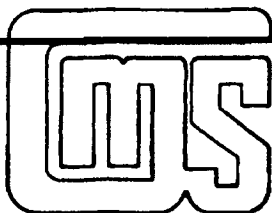
I DO NOT GIVE PERMISSION FOR the Charlotte-Mecklenburg Schools to proceed with the evaluation(s) to determine whether or not my child is eligible for special education services to meet his/her needs. I understand that if the Charlotte-Mecklenburg Schools appeal my decision, I will be notified of my due process rights in this procedure.

Please sign and return the white copy to your child's school.

Date _____ Signature of Parent/Guardian _____

White: Cumulative folder
 Yellow: Parents
 Pink: Student Services Specialist/Physician

Signature and Title Mary Ann Hudson / Speech Clinician



Charlotte-Mecklenburg Schools
Charlotte, North Carolina

Return Form to school

6164.16
8/85

DATE 10/6/87

CONSENT FOR ASSESSMENT

Re: Kousum Chanthakomane STUDENT ID NO. 0024730

Dear Parents: SCHOOL Jruba

For a child to get the education he/she needs, it is important for the school and parents to work together and share information. In order to get this information, it is necessary to assess your child on an individual basis. This assessment will be done at no cost to you. Your child will be observed and assessed to describe his/her current functioning in the following areas that are checked:

| AREA | INFORMATION | EVALUATOR(S) |
|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> Physical Health | Vision, hearing, physical examination | School Nurse, Audiologist, Physician |
| <input type="checkbox"/> Educational Assessment | Reading, mathematics and other subjects | Classroom or Special Teacher |
| <input type="checkbox"/> Psychological | Mental ability, emotional development, perceptual development, and adaptive behavior | Psychologist |
| <input type="checkbox"/> Social Appraisal | Social, personal, behavioral and developmental history | Counselor, Social Worker |
| <input checked="" type="checkbox"/> Communication Skills | Understanding and using spoken language | Speech/Language Clinician |
| <input type="checkbox"/> Other | | |

I GIVE PERMISSION FOR the Charlotte-Mecklenburg Schools to proceed with the evaluation(s) to determine whether or not my child is eligible for special education services to meet his/her needs. I understand that I have the right to review my child's school records and to be informed of the results of this evaluation. I understand that no change will be made in my child's program as a result of these evaluations without my knowledge. I understand that I have the right to refuse to give permission for this evaluation.

11/2/87
Date

K. Chanthakomane
Signature of Parent/Guardian

I DO NOT GIVE PERMISSION FOR the Charlotte-Mecklenburg Schools to proceed with the evaluation(s) to determine whether or not my child is eligible for special education services to meet his/her needs. I understand that if the Charlotte-Mecklenburg Schools appeal my decision, I will be notified of my due process rights in this procedure.

Please sign and return the white copy to your child's school.

Date

Signature of Parent/Guardian

White: Cumulative folder
Yellow: Parent
Pink: Student Services Specialist/Psychologist

Mary Ann [Signature]
Signature and Title

Language _____

Tests

Told-P

PPVT

Scores

SLG-63 / Lig-68 / SpG-66.1

SpG-70, SyG-64

SS-56

Analysis of test responses:

All Language Areas need special
attention - Multiple syntactical
errors, incomplete responses, 4-5 word
sentences

Language Sample

Procedure(s): _____

Findings:

Form

syntactical errors, short sentence
length

Content

Vocabulary is weak

Function

Recommendations for Further Assessments and Evaluations _____

child has permanent High Frequency Hearing
Loss - Monitored Annually by Audiologist

Recommendations for Speech/Language Services _____

Eligible Intensive Language
Instructional Aide

combined
Intensive

Charlotte-Mecklenburg Schools
Exceptional Children
SPEECH/LANGUAGE DIAGNOSTIC SUMMARY

Student Koussoul Chantakoumame
School Irwin

Evaluator Hardman
Date 12-17-87

Articulation

School Weighted Articulation Test: Score 29 / Instructional Art. 2
Other Test Scores:

Oral Peripheral Examination

within Normal limits

Implications of Error Analysis

omissions - Final
s, t, dz, k, v, z, st

Blends

omits s/sp
s/sn

Substitution - Initial
t/e, d/t, d/s, d/z
Final
d/z

Fluency

Fluency Rating Scale Score: _____
Other procedures and findings:

OK

Voice

CMS Voice Rating Scale _____
Other procedures and findings:

OK



Charlotte-Mecklenburg Schools
Charlotte, North Carolina

Dear Parent,

This form is to provide you with a summary of the assessment of your child's special learning needs.

At the conference on _____ this information will be discussed in more detail.

Student Kousul Chethakumar ID # 0024730 School Truman

| Type of Assessment | Results: Average | Below Average | Above Average | Evaluator |
|--------------------------|------------------|---------------|---------------|-----------|
| Health | | | | |
| Education | | | | |
| Reading | | | | |
| Math | | | | |
| Written Language | | | | |
| Psychological | | | | |
| Mental Ability | | | | |
| Emotional Development | | | | |
| Adaptive Behavior | | | | |
| Psychomotor Skills | | | | |
| Social History Completed | Yes/No | | | |
| Oral Communication | | | | |
| Receptive Language | | | | |
| Expressive Language | | | | |
| Articulation | | | | |
| Fluency | | | | |
| Voice | | | | |
| Perceptual Development | | | | |
| Auditory Perception | | | | |
| Visual Perception | | | | |
| Other | | | | |

This diagnostic information will serve as a basis for determining with you whether your child meets N.C. and Charlotte-Mecklenburg criteria for any of the following exceptional children classifications.

| | |
|--------------------------|-------------------------|
| Non-classified | Hearing Impaired |
| Mentally Handicapped | Visually Impaired |
| Learning Disabled | Orthopedically Impaired |
| Emotionally Handicapped | Autistic |
| Speech-Language Impaired | Other Health Impaired |

Service options to be considered include:

| | |
|------------------------|--------------------|
| Regular Education Only | Intensive Resource |
| Consultative | Self Contained |
| Supplementary Resource | Special Programs |
| Instructional Resource | Residential |

DEFINITIONS AND EXPLANATIONS MAY BE FOUND ON THE BACK OF THIS FORM.

White: Cumulative folder
Yellow: Parent

000050

209

6164.00
8/85

CHARLOTTE-MECKLENBURG SCHOOLS EXCEPTIONAL CHILDREN

SPEECH/LANGUAGE Student Checklist

Student Name Kousam Chanthakomane Date 10-1-88 School Truitt

STEP I

| | | Date | Signature |
|---|---------------------|-----------------|------------------------|
| Vision Screening | 6164.12 | <u>2-11-88</u> | <u>K. Overcash, RN</u> |
| Hearing Screening | 6164.10 | <u>5-29-87</u> | <u>Margy Dqua</u> |
| Speech-Language Screening | 6164.60 | <u>5-19-87</u> | <u>M.A. Hendon</u> |
| Referral | 6164.14 | <u>7-17-87</u> | <u>V. Sturenberg</u> |
| Due Process Letter | 6164.15 | <u>10-23-87</u> | <u>P.B.R.N.T.</u> |
| Consent for Assessment and/or Notification of Assessment | 6164.16 6164.16a | <u>10-23-87</u> | <u>P.B.R.N.T.</u> |
| Educational Assessment | 6164.41 | <u>1-14-88</u> | <u>V. Sturenberg</u> |
| Speech-Language Evaluation | 6164.62 | <u>12-17-87</u> | <u>M.A. Hendon</u> |
| Assessment Summary | 6164.18 | <u>1-2-88</u> | <u>M.A. Hendon</u> |

Placement considerations:

Speech / Language
(Articulation & Language)
Instructional Articulation
Intensive Language - Intensive

Speech / Language intervention warranted at this time

I attest to the fact that the above documentation has been completed and placed in the student's exceptional child folder which is regarded as confidential.

M. S. Wright 3/25/88
Principal Signature/Date

STEP II

SEND TO AREA PLACEMENT COMMITTEE FOR REVIEW

Disposition:

Concur

Sam Haywood
Area APC Chairperson Signature/Date

STEP III

SCHOOL TO COMPLETE THE FOLLOWING:

Conference letter 6164.17

IEP - completion of all parts and parent's signature required prior to placement. 6164.19 & 6164.20

White - Cumulative folder
Yellow - Area APC
Pink - School Office

000051

210

CHARLOTTE-MECKLENBURG EXCEPTIONAL CHILDREN

SPEECH/LANGUAGE STUDENT CHECKLIST

Student Name: Kenneth Chen Date: 10-1-88 School: T. R. Miller

| | | Date | Signature |
|---|----------|----------|------------------|
| Vision Screening | 6164 17 | 2-11-88 | K. Overcash, MD |
| Hearing Screening | 6164 10 | 5-3-87 | Jack Dunn |
| Speech-Language Screening | 6164 60 | 3-19-87 | W. H. Anderson |
| Referral | 6164 14 | 2-11-88 | V. S. G. on baga |
| Due Process Letter | 6164 15 | 10-23-88 | L. A. E. N. C. |
| Consent for Assessment and/or Notification of Assessment | 6164 15a | 10-23-88 | L. A. E. N. C. |
| Educational Assessment | 6164 41 | 10-14-88 | V. S. G. on baga |
| Speech-Language Evaluation | 6164 62 | 12-17-87 | M. H. Anderson |
| Assessment Summary | 6164 19 | 1-21-88 | Jack Dunn |

Placement considerations

Speech, language
and hearing
assessment
justification
in language
assessment
in the last that the given the information has been completed and placed in the student's exceptional child folder which is reported as
confidential

Michael S. Kraft 2/25/88
Principal Signature/Date

STEP II

SEND TO AREA PLACEMENT COMMITTEE FOR REVIEW

Disposition

Concur

Sam Haywood
Area APC Chairperson Signature/Date

STEP III

SCHOOL TO COMPLETE THE FOLLOWING:

Conference letter: 6164 17

IEP - completion of all parts and parent's signature required prior to placement: 6164 19 & 6164 20

White - Cumulative folder
Yellow - Area APC
Pink - Section Office

3/4/88

6164.12
8/85

CHARLOTTE-MECKLENBURG SCHOOLS
EXCEPTIONAL CHILDREN
 Vision Screening

STUDENT Kousoul Chanthakummar DOB 10-1-80 DATE 2-11-88
 SCHOOL Irusia GRADE 2- Patton
 PERSON DOING SCREENING Ky. Greenash

1. Appearance of eyes: (Observation) normal
2. Visual Acuity: (Mark Pass or Fail) Use lantern at 10 feet and appropriate chart. Criteria - Under 3rd grade should read 20/40 or better each eye. If misses 1 or 2 letters in 20/40 line, fail. Above 3rd grade should read 20/30 or better each eye.

| | | |
|----------------------------------|----------------------------------|---------------------------------|
| O.U. <u>20/20</u> (Both Eyes) | O.D. <u>20/20</u> (Right Eye) | O.S. <u>20/20</u> (Left Eye) |
| 20/100 | 20/100 | 20/100 |
| 20/70 | 20/70 | 20/70 |
| 20/50 | 20/50 | 20/50 |
| 20/40 | 20/40 | 20/40 |
| 20/30 | 20/30 | 20/30 |
| 20/25 | 20/25 | 20/25 |
| 20/20 | 20/20 | 20/20 |

3. Plus Lens Test: (Mark Pass/Fail) Use Glasses. Criteria - Have child read same line or symbol he/she read successfully above with both eyes together then each eye separately. Child passes if everything appears blurry and he cannot read the line. Child fails if he can read the same line as above with glasses.

O.U. _____ O.D. _____ O.S. _____

4. Suppression: (Mark Pass/Fail) Use red-green glasses and appropriate information on lantern. (Dots on side for older child, fish-bowl chart for younger). Criteria - Using both eyes together, red lens over right eye, child should see all symbols to pass.

O.U. _____

5. Near Point Acuity: (Mark Pass/Fail) Use school vision card. Criteria - Using both eyes together and holding the card himself, child should be able to read the line (words or numbers) appropriate to his grade level to pass. Important: Note any sign of visual stress.

O.U. _____ Observations: _____

6. Optional Test for Phoria: (Mark Pass/Fail) Done only if there is evidence of muscle imbalance. Use white dot on side of lantern at 10 feet. Cover each eye separately as child looks at dot and observe any movement in the eye as cover is changed from one eye to the other. Criteria - Child fails if either eye "jumps" as cover is removed.

Pass _____ Fail _____

NOTES:

- All tests except Near Point Acuity are done at 10 feet.
- Review Teacher Observation Sheet prior to screening and include with screening report.
- If child has vision in only 1 eye you can dispense with the rest of screening procedure and go directly to referral.
- If child wears glasses, he should be screened with glasses on.

RESULTS OF SCREENING:
 FOLLOW-UP: (Re-Screening)

PASS ✓
 DATE _____

REFERRAL _____
 RESULTS _____

000053

CHARLOTTE-MECKLENBURG SCHOOLS
Program for Exceptional Children
EDUCATIONAL SUMMARY

INSTRUCTIONS: Provide data and interpretation for all test(s) administered. Leave blank if not applicable.

NAME: Kouson Chethakondan SCHOOL Trinity GRADE 2

I.D.#: 0024730 D.O.B.: 10-1-88 EXAMINER: Stuenkelburg

Date Administered:

| Woodcock-Johnson | Grade Level* | Percentile | Scale Score** |
|------------------|--------------|------------|---------------|
| Reading | | | |
| Mathematics | | | |
| Written Lang. | | | |
| Knowledge | | | |
| Skills | | | |

Date Administered:

| PIAT | Grade Level* | Percentile | Scale Score** |
|---------------------|--------------|------------|---------------|
| Math | | | |
| Reading Recognition | | | |
| Reading Comp. | | | |
| Spelling | | | |
| General Info. | | | |

Date Administered:

| Woodcock Reading | Grade Level* | Percentile | Scale Score** |
|------------------|--------------|------------|---------------|
| Letter I.D. | | | |
| Word I.D. | | | |
| Word Attack | | | |
| Word Comp. | | | |
| Passage Comp. | | | |

Date Administered:

| Key Math | Grade Level | Percentile | Scale Score* |
|----------|-------------|------------|--------------|
| Math | | | |

* Frustration Level

** Mean 100, Standard Deviation 15

Other Educational Information:

(e.g. Brigrance, Santa Clara, TOWL, Goldman-Fristoe-Woodcock, class performance, etc.)

000054

ITEM ANALYSIS

| | Strengths | Weaknesses |
|----------------------------------|---|--|
| READING SKILLS/READINESS | Has been using a multi-sensory approach to sight word study successfully. Has met with some phonic success. | Reading on pre-primer level. |
| READING COMPREHENSION | If he can read all the words, he has good comprehension skills. E | Doesn't know the words. |
| MATHEMATICAL REASONING/READINESS | On the manipulative level he can demonstrate the concepts of addition and subtraction. | New concepts are hard Applying concepts is difficult. |
| MATHEMATICAL CALCULATIONS | On grade level with basic facts to 18. | Doesn't know facts by heart. Need to notice which operation to perform |
| WRITTEN EXPRESSION | Verbally can create a complete sentence and copy it but not on his own | Can not create a concept in his own words on paper. |
| MOTOR SKILLS | Art is very good Cutting good Letter formation is average Large motor skills are fine. | None |
| SOCIALIZATION SKILLS | Usually gets along well with others. | Not outgoing Doesn't initiate friendships Sometimes gets mad. |
| PRE/VOCATIONAL SKILLS | | |

COMMENTS

His pronunciation problems interfere with sounding out words and giving the appropriate sound for a letter. Sometimes he can't be understood.

Joanna Batson Classroom Teacher

COMPLETED BY: Virginia Stukrenberg POSITION: ESL Teacher

DATE: 1/14/88 000055

1990-91 4th Tryon Hills
2530 Fort St. Teacher Lesesne

EC Referral 1/91

ref. by L. Liseski-Davis - Speech Path.

· moderate language delay

Testing:

Transdph Rd. ENT → sensorineural hearing loss

- States he was retained 4th grade prev. year

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 1/HCA

8/89

Initial _____

Reeval. ☒

Other _____

Exceptional Children Referral

Student: Kousoul Chanthakoummare School: Tryon Hills
 Sex: M Race: O Grade: 4 Parent/Guardian: Komonh & Phongsavout
 Date of Birth: 10/1/80 Age: _____ Address: 2530 Fort St.
28216
 I.D.#: 0024730 Telephone: 393-5366

I. REASONS FOR REFERRAL: Check each reason for referring this student.

1. ☐ outstanding academic performance
2. ☐ deficient in learning skills
3. ☐ low academic performance
4. ☐ behavioral-emotional problems
5. ☐ outstanding academic potential

6. ☐ visual problems
7. ☒ speech/language problems
8. ☒ hearing problems
9. ☐ physical problems
10. ☐ other (specify): _____

II. DESCRIPTION OF REFERRED STUDENT: Check each statement which describes the student:

POSITIVE BEHAVIORS/STRENGTHS

Academics/Behavior

Communication Skills

- | | | |
|---|--|---|
| <input type="checkbox"/> Works well independently | <input type="checkbox"/> Skilled in divergent thinking | <input type="checkbox"/> Proficient in verbal skills |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Accepts suggestions | <input type="checkbox"/> Proficient in language mechanics |
| <input type="checkbox"/> Displays leadership ability | <input type="checkbox"/> Appears self-confident | <input type="checkbox"/> Effective group participant |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Concentrates for long periods | <input type="checkbox"/> Writes in concise & clear style |
| <input type="checkbox"/> Reads at or above grade level | <input type="checkbox"/> Mathematics at or above grade level | <input type="checkbox"/> Communicates well in groups |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Frequently contributes to class | <input type="checkbox"/> Expresses thoughts well |
| <input type="checkbox"/> Follows instructions easily | <input type="checkbox"/> Achieves at or above grade level in other content areas | <input type="checkbox"/> Articulation above age level |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Popular with classmates | <input type="checkbox"/> Speech flows smoothly |
| <input type="checkbox"/> Attention to exactness & detail | <input type="checkbox"/> Happy, easy-going | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Shows good sportsmanship | <input type="checkbox"/> Exceptional ability to recall facts | _____ |
| <input type="checkbox"/> Interested | <input type="checkbox"/> Receives majority marks of A & B | _____ |
| <input type="checkbox"/> Highly competent in vocabulary usage | <input type="checkbox"/> Courteous | _____ |
| <input type="checkbox"/> Completes tasks assigned | <input type="checkbox"/> Does assignments promptly | _____ |
| <input type="checkbox"/> Keen insight in problem solving | <input type="checkbox"/> Other (specify): _____ | _____ |

NEGATIVE BEHAVIORS/WEAKNESSES

Academics/Behavior

- | | | |
|--|--|--|
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Difficulty remembering facts | <input type="checkbox"/> Deficient in vocabulary |
| <input type="checkbox"/> Deficient in comprehension | <input type="checkbox"/> Deficient in mathematical operations | <input type="checkbox"/> Difficulty solving word problems |
| <input type="checkbox"/> Reads below grade level | <input type="checkbox"/> Achieves below grade level in other content areas | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Poor memory | <input type="checkbox"/> Talks excessively | <input type="checkbox"/> Poor handwriting |
| <input type="checkbox"/> Frequent reversals of letters and numbers | <input type="checkbox"/> Disorganized work habits | <input type="checkbox"/> Requires constant supervision |
| <input type="checkbox"/> Poor self-concept | <input type="checkbox"/> Talks about morbid themes | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Fights and/or bites | <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Talks about hurting or killing self |
| <input type="checkbox"/> Makes excuses | <input type="checkbox"/> Provokes/aggravates others | <input type="checkbox"/> Excessive daydreaming |
| <input type="checkbox"/> Lies | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Oversensitive | <input type="checkbox"/> Appears depressed | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Cries easily | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Consistent inappropriate emotional responses | <input type="checkbox"/> Defiant/hostile |
| <input type="checkbox"/> Ritualistic behaviors-rocking, pacing, etc. | <input type="checkbox"/> Blames others | <input type="checkbox"/> Self-abusive behaviors |
| <input type="checkbox"/> Immature behaviors | <input type="checkbox"/> Abandons difficult tasks | <input type="checkbox"/> Poor peer relations |
| | | <input type="checkbox"/> Irritable or moody |
| | | <input type="checkbox"/> Other (specify): _____ |

(Continued)

White: Cumulative folder
Yellow: Referring person

000057

216

DEC 1, Cont'd

Communications Skills

- ☒ Difficulty using and understanding language
☐ Unable to communicate basic needs and wants
☒ Indistinct articulation-speech sounds omitted, substituted, distorted
☐ Voice problems
☐ Nonverbal
☐ Slow, labored speech
☐ Reluctant to communicate in groups
☐ Difficulty with written expression
☐ Cannot understand spoken language
☐ Difficulty in oral expression
☐ Speaks haltingly or stutters
☐ Other (specify): _____

(Pass/Fail)

Vision Screening _____ (If fail, must attach follow-up before
 Hearing Screening fail proceeding with referral)
 Speech /Language Screening _____

Physical

- ☐ Physical complaints
☐ Bites nails
☐ Involuntary muscle spasms
☐ Lacks age-appropriate self-care
☐ Seizures
☐ Lack of physical mobility
☐ Poor gross motor skills
☐ Lacks fine motor coordination
☐ Difficulty copying - paper or board
☐ Chronic allergic conditions
☒ Impaired hearing
☐ Impaired vision
☐ Poor physical fitness
☐ Lethargic - tired and listless
☐ Overweight/underweight (circle)
☐ Asthma/epilepsy (circle)
☐ Wets or soils clothes
☐ Frequently gets hurt
☐ Currently takes medication
☐ Other (specify): _____

Referring Person and Position:

Lulisa Davis - Fieschi

Date submitted to SBC:

1/10/91

*FOR SCHOOL-BASED COMMITTEE USE ONLY

Date Received by School-Based Committee: 1/10/91

Check Appropriately:

- ☐ No Referral for Evaluation
☒ Obtain Parental Permission for Evaluation (DEC 2)
☐ Additional Information Needed (see below)

Comments (if any): _____

School-Based Committee Signatures:

Date: 1/10/91

Name

Position

M. Koluh

AP

Constantine Lesane

Teacher

Lulisa Davis - Fieschi

SLP

Cynthia V. Masella

Isabella K. Perline

BIEM Psychologist
Stem. Case Manager

White: Cumulative Folder
Yellow: Referring person

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 2/HCA
12/89

PRIOR NOTICE AND PARENT/GUARDIAN CONSENT FOR EVALUATION

Date Sent 1/8/91

Date Returned 1/9/91

Student: Kousoul Chanthakoummare Grade: 4 School: Tryon Hills

Dear Parents:

School personnel have recognized the need for gathering more information on your child. The proposed screenings and evaluation(s) by qualified personnel will include the use of one or more of the tests below to help determine his/her strengths and weaknesses and eligibility for special education services.

AREA

INFORMATION

Physical Health

Vision, hearing, motor, medical screening/evaluation

Educational

Reading, mathematics and other subjects -
group/individual assessments; achievement tests; observation

Psychological

Mental ability, emotional development, perceptual,
developmental, and adaptive behavior screening/evaluation

Social Appraisal

Social, personal, behavioral and developmental history

Communication Skills

Understanding and using spoken language -
screening/evaluation

Intellectual

Group or individual intelligence

Other:

Audiological

A summary of these evaluations will be shared with you. If you have any questions, please contact:

L. Ann Davis - J. J. J. J. at Tryon Hill
(Name) (School)

PARENTAL CONSENT

Please sign A or B and return to: Tryon Hills

A. YES. I give my permission for my child to receive evaluation services. I have received the attached copy of the Handbook of Parents' Rights (due process procedures).

Chanthakoummare Komenh 1/8/91 FATHER
(Name) (Date) (Relationship)

B. No. I do not give permission for my child to receive evaluation services. I have received a copy of the Handbook of Parents' Rights (due process procedures)

(Name) (Date) (Relationship)

White: Cumulative folder
Yellow: Parent's Copy
Pink: Teacher's copy

000059

218

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 2/HCA
12/89

PRIOR NOTICE AND PARENT/GUARDIAN CONSENT FOR EVALUATION

Date Sent 1/8/91

Date Returned 1/9/91

Student: Kousoul Chanthakoummare Grade: 4 School: Tryon Hills

Dear Parents:

School personnel have recognized the need for gathering more information on your child. The proposed screenings and evaluation(s) by qualified personnel will include the use of one or more of the tests below to help determine his/her strengths and weaknesses and eligibility for special education services.

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Social Appraisal

Social, personal, behavioral and developmental history

Communication Skills

Understanding and using spoken language -
screening/evaluation

Intellectual

Group or individual intelligence

Other:

Audiological

A summary of these evaluations will be shared with you. If you have any questions, please contact:

Julia Davis - Jireski at Tryon Hill
(Name) (School)

PARENTAL CONSENT

Please sign A or B and return to: Tryon Hills

- A. YES. I give my permission for my child to receive evaluation services. I have received the attached copy of the Handbook of Parents' Rights (due process procedures).

Chanthakoummare Komenh 1/8/91 FATHER
(Name) (Date) (Relationship)

- B. No. I do not give permission for my child to receive evaluation services. I have received a copy of the Handbook of Parents' Rights (due process procedures)

(Name) (Date) (Relationship)

White: Cumulative folder
Yellow: Parent's Copy
Pink: Teacher's copy

000060

CHARLOTTE-MECKLENBURG SCHOOLS
EXCEPTIONAL CHILDREN

Vision Screening

Name: Kousoul Chanthakummane DOB: 10-1-80 Date: 1/10/91
School: Tryon Hills Grade: 4 Teacher: Lesesne
Person doing screening: Teresa Day Vincannon

Wears glasses or contacts: Yes _____ No ✓

Far Point Acuity Pass ✓

*Fail _____

Near Point Acuity Pass ✓

*Fail _____

*Comments: _____

6164.10
5/90

CHARLOTTE-MECKLENBURG SCHOOLS
EXCEPTIONAL CHILDREN
Hearing Screening

NAME: Kpusoul Chanthakummane ID #: 00 24730 DATE: 1/10/91

SCHOOL: Tryon Hills D.O.B.: 10/1/80 GRADE: 4 TEACHER: Lesesne

PERSON DOING SCREENING: L. Davis - Fieschi

REASON FOR REFERRAL: nurse referred

PASS R: _____ L: _____

FAIL R: ☒ _____ L: ☒ _____

COULD NOT TEST: _____

CRITERIA: 25 dB (intensity level) 500 1K, 2K, 4K Hz (Frequencies)

Cumulative Folder

6164.52
5/90

CHARLOTTE-MECKLENBURG SCHOOLS EXCEPTIONAL CHILDREN'S PROGRAM

Report of Hearing Evaluation

NAME: Cassoul Chanthu Koummore SCHOOL: Tryon Hills

Your child's hearing was tested on 1/8/91. The results are described in the sections checked below.

- ☐ Your child passed a hearing rescreening of 25dB HTL at 500, 1000, 2000, and 4000Hz bilaterally.
- ☐ Results indicate that your child has normal hearing at this time.
- ☐ There has been no significant change in hearing levels since the last test on record.
- ☐ A slight hearing loss was identified. At this time, the hearing loss does not warrant a medical referral, nor should it cause any communication difficulty.

PLEASE NOTE THE FOLLOWING:

- ☒ Wax is noted in the right / left ear canal. You may wish to consult your physician about removal.
- ☐ The ventilation tube/s in the right / left ear appears to be working (tympanometry measures).
- ☐ The ventilation tube/s in the right / left ear does NOT appear to be working (tympanometry measures). Please contact the managing ear doctor.
- ☐ Another test useful in identifying middle ear problems (tympanometry) indicates pressure behind the eardrum/s. This often occurs when an ear infection is just beginning or ending, and is often associated with colds or congestion. Hearing may fluctuate with this pressure. You may wish to consult your physician.

PLEASE CALL ME AT 343-5455:

- ☒ to discuss your child's hearing test results.
- ☒ to schedule a hearing evaluation by the CMS Audiology Department.
- ☐ to schedule the annual hearing evaluation.
- ☐ to schedule a hearing aid and/or FM system check.
- ☐ if you are aware of a hearing loss and your child has been evaluated within the last year.

RECOMMENDATIONS:

- ☐ Hearing should be retested annually.
- ☐ Hearing aid/s should be checked daily for function and use.
- ☒ Classroom interventions regarding hearing loss should continue. Please review recommendations in the cumulative folder.
- ☐ The hearing aid dispenser should be contacted to repair or replace hearing aid _____ earmold _____ or resupply batteries _____.
- ☒ Please notify the audiologist of annual review and triennial certification conferences.
- ☒ Please refer this student to the audiologist if you suspect hearing has changed or is adversely affecting the child's education.

Mari Sheen - Clerk MS ECC-4
AUDIOLOGIST

This report should be made available to administrators, teachers, and parents upon request. The report should then be filed in the student's cumulative folder.

If there are any changes in the preceding recommendations an amended or superseding report will be sent. Until one arrives, this report should be assumed current.

INTERVENTION STRATEGIES FOR HEARING IMPAIRED STUDENTS

CLASSROOM INTERVENTIONS FOR KOUSOUL CHANTHAKOMMANE

RE: HIGH FREQUENCY HEARING LOSS BILATERALLY
FOR THE DURATION OF HIS ACADEMIC CAREER IN CMS SCHOOLS
AUDIOLOGIST: MARTI SLOAN-CLONTZ, MS, CCC-A
DATE: 2/11/91

EFFECTS OF UNILATERAL LOSS ON COMMUNICATION IN THE CLASSROOM:

He may have reduced understanding of speech in background noise, poor acoustical conditions, at a distance from the speaker, or when any competing sounds are interfering with his hearing.

The following interventions may be necessary to maximize reception and understanding of educational material presented auditorily in the classroom.

Factors that may decrease understanding of speech/instructional material are:

- 1-background noise or competing messages
- 2-distance from the speaker
- 3-lack of visual cues, especially from the speakers' face
- 4-unstructured presentation or teaching style.

INTERVENTIONS:

GENERAL INTERVENTIONS:

1- Repetition and/or rephrasing of instructional material may be necessary at times for this student. A pre-arranged signal is recommended to indicate the need for repetition and clarification of auditory messages.

2- A "buddy" system arranged by the teacher could be used to confirm homework assignments, confirm public address announcements, and be a notetaker for lectures (using carbonless paper provided by the school system). These interventions could facilitate an unobtrusive reinforcement of instructional material.

INTERVENTION STRATEGIES FOR HEARING IMPAIRED STUDENTS

COMPENSATIONS FOR BACKGROUND NOISE OR COMPETING MESSAGES

Any sound other than the speaker's voice should be considered as a competing message or noise. Distance from heating/cooling vents, doorways, A-V equipment fans, bathrooms-water fountains, and high traffic hallways should be increased as much as practical. Carpeting in a classroom should be considered a positive factor in reducing room "echo" or reverberation. Generally, an "open" classroom is inappropriate for a student with a hearing impairment.

COMPENSATIONS FOR DISTANCE FROM THE SPEAKER

The student should be seated within 6-8 feet of the speaker to enable a clearline of vision for speechreading and to insure a maximum change during the day to respond to changing instructional strategies/events/speaker.

VISUAL CUES

The student may need visual cues during lectures to facilitate speechreading and auditory closure skills. Cues could include use of the chalkboard, handouts and copies of notes, advance vocabulary lists and advance reading/lecture assignments. The more familiar the student is with the topic and vocabulary, the greater the understanding will be with less fatigue.

INTERVENTION STRATEGIES FOR HEARING IMPAIRED STUDENTS

STRUCTURE OF PRESENTATION

The student may need to combine the visual and auditory cues for recognition and understanding of the message. The more internal structure of the lecture and redundancy and variety of cues, the greater will be the understanding of the message. The teacher must remember that detection of his/her voice does not always mean understanding by the student with the hearing impairment.

Class discussions should be considered as more difficult for the hearing impaired student requiring more interventions to facilitate understanding. The teacher may repeat the question or answer of a student seated behind or at a distance from the hearing impaired student.

Test modifications are appropriate if this student is certified through CMS procedures in the Hearing Impaired program.

Hearing levels of this student may change due to colds, infections, or progression of loss. Any suspected change in hearing acuity should be noted and reported to the parent and audiologist monitoring this student.

All school personnel working with this student should be aware of these intervention strategies.

If you have any questions, please feel free to contact me at 343-5455 at any time.

Marti Sloan-Clontz, MS CCC-A
CMS Audiologist

Charlotte-Mecklenburg Schools
Exceptional Children6164.00.
8-82

SPEECH AND LANGUAGE SCREENING FORM

Kousoul Chanthakoummare 0024730 10/1/80
 Student's Name I.D. No. D.O.B.C.A.
Tryon Hills Lesesne 4
 School Teacher Grade
L. Davis - Lisesti 1/10/91
 Examiner Screening Date

| I. Receptive Vocabulary | | | Labeling | | | Articulation | | |
|-------------------------|------|------|----------|-------|---|--------------|--------|--|
| | cor. | inc. | | trial | | | errors | |
| 1. | 0 | 0 | 1. | 0 | 0 | 0 | 1. | |
| 2. | 0 | 0 | 2. | 0 | 0 | 0 | 2. | |
| 3. | 0 | 0 | 3. | 0 | 0 | 0 | 3. | |
| 4. | 0 | 0 | 4. | 0 | 0 | 0 | 4. | |
| 5. | 0 | 0 | 5. | 0 | 0 | 0 | 5. | |
| 6. | 0 | 0 | 6. | 0 | 0 | 0 | 6. | |
| 7. | 0 | 0 | 7. | 0 | 0 | 0 | 7. | |
| 8. | 0 | 0 | 8. | 0 | 0 | 0 | 8. | |
| 9. | 0 | 0 | 9. | 0 | 0 | 0 | 9. | |
| 10. | 0 | 0 | 10. | 0 | 0 | 0 | 10. | |
| 11. | 0 | 0 | 11. | 0 | 0 | 0 | 11. | |
| 12. | 0 | 0 | 12. | 0 | 0 | 0 | 12. | |

| II. Semantics | | | III. Morphology | | | IV. Syntax | | |
|---------------|---------|---|-----------------|------|---|------------|------|---|
| (receptive) | (Expr.) | | cor. | inc. | | cor. | inc. | |
| yes | no | | | | | | | |
| 1. | 0 | 0 | 1. | 0 | 0 | 1. | 0 | 0 |
| 2. | 0 | 0 | 2. | 0 | 0 | 2. | 0 | 0 |
| 3. | 0 | 0 | 3. | 0 | 0 | 3. | 0 | 0 |
| 4. | 0 | 0 | 4. | 0 | 0 | 4. | 0 | 0 |
| 5. | 0 | 0 | 5. | 0 | 0 | 5. | 0 | 0 |
| 6. | 0 | 0 | 6. | 0 | 0 | 6. | 0 | 0 |
| 7. | 0 | 0 | 7. | 0 | 0 | 7. | 0 | 0 |
| 8. | 0 | 0 | 8. | 0 | 0 | 8. | 0 | 0 |
| | | | 9. | 0 | 0 | 9. | 0 | 0 |
| | | | | | | 10. | 0 | 0 |
| | | | | | | 11. | 0 | 0 |
| | | | | | | 12. | 0 | 0 |

Fail
 was certified in
 1988 SP

Picture Description
 Subject/Verb Responses
 Minus (-) errors
 Total

Check Areas Needing Further Diagnostics

Receptive Vocabulary
 Labeling
 Semantics
 Morphology
 Syntax

Articulation
 Voice
 Fluency
 Hearing
 Other

Charlotte-Mecklenburg
Local School Administrative UnitDEC 4/HCA
8/89

SUMMARY OF EVALUATION RESULTS

Student: Kousoul Chanthakummane Grade: 4 Check Purpose
 School: Troyon Hills ☒ Initial
☐ Reevaluation
☐ Other: _____

DATE SCREENING INFORMATION

RESULTS (if fail, must
include results)

1/1 Vision Screening: Pass/Fail Far R20/____ L 20/____ Near R20/____ L20/____
1/10/91 Hearing Screening: Pass(Fail) 25 dB (Intensity level) 211 Hz (Frequencies)
1/10/91 Speech/Language Screening: Fail

1/1 Psychomotor Screening
1/1 Health Screening
1/1 Other: _____

DATE EVALUATION INFORMATION

3/21/91 Educational Evaluation Test/Assessment: Woodcock-Johnson
 Results: Reading & Math Average
Written Language Below Average
1/1 Psychological Evaluation Test: _____
 Results: _____

1/1 Behavioral-Emotional Evaluation Test: _____
 Results: _____

1/1 Cognitive Evaluation Test: _____
 Results: _____

1/31/91 Speech-Language Evaluation Test: Receptive One Word Picture Vocabulary Test
 Results: Standard Score 88 language age 8yr 8 mo

Results: Standard Score 87 language age 8yr 8 mo
 Test: Expressive One Word Picture Vocabulary Test

1/1 Adaptive-Behavior Evaluation Test: _____
 Results: _____

1/1 Medical Evaluation Assessment: _____
 Results: _____

1/7/91 Other: Speech Language Test/Assessment: Test of Language Development-2 Intermediate
 Results: All subtests were below the average range.

SUMMARY OF EVALUATION RESULTS/PRESENT LEVEL OF PERFORMANCE

Strengths: Kousoul is willing to attempt any task - he is cooperative and continues to try.

Needs: Kousoul needs help in language development. He has difficulty with receptive tasks.

Actual copies of evaluation reports must be placed in child's folder.

Parent Copy sent/given 2/20/91

White: Cumulative folder
 Yellow: Parent's copy
 227

COMPUSCORE FOR THE WJ-R

~~04/10/1991 11:10 am~~

Norms Based on Age

Name: Koscul ChanthaKoummane

ID: 0024730

Page: 1

Sex: M

School/Agency: Tryon Hills

Examiner: M. Rowell

Teacher/Dept:

Testing Date: 03/21/1991

City:

State:

Birth Date: 10/01/1980

Adult Subjects

Age: 10 years 6 months

Education:

Grade Placement: 4.6

Occupation:

Years Retained:

Other Info:

Years Skipped:

Glasses: No

Used: No

Years of Schooling: 4.6

Hearing Aid: No

Used: No

| Test Name | Raw Score | W | Age Equiv. | Grade Equiv. | RMI | SS | FR |
|-----------|-----------|---|------------|--------------|-----|----|----|
|-----------|-----------|---|------------|--------------|-----|----|----|

Form A was used to obtain Achievement Scores

| | | | | | | | |
|--------------------------------|------|-----|------|-----|--------|-----|----|
| 22. Letter-Word Identification | 41 | 498 | 10-4 | 5.1 | 89/90 | 99 | 47 |
| | | | | | -1 SEM | 95 | 37 |
| | | | | | +1 SEM | 103 | 58 |
| 23. Passage Comprehension | 23 | 499 | 10-5 | 5.1 | 90/90 | 100 | 50 |
| | | | | | -1 SEM | 95 | 37 |
| | | | | | +1 SEM | 105 | 63 |
| 24. Calculation | 25 | 508 | 11-3 | 5.9 | 96/90 | 110 | 75 |
| | | | | | -1 SEM | 106 | 66 |
| | | | | | +1 SEM | 114 | 82 |
| 25. Applied Problems | 31 | 492 | 9-7 | 4.0 | 79/90 | 94 | 34 |
| | | | | | -1 SEM | 89 | 23 |
| | | | | | +1 SEM | 99 | 47 |
| 26. Dictation | 26 | 479 | 8-4 | 2.9 | 50/90 | 84 | 15 |
| | | | | | -1 SEM | 79 | 8 |
| | | | | | +1 SEM | 89 | 23 |
| 27. Writing Samples | 17-W | 496 | 9-5 | 3.9 | 84/90 | 94 | 35 |
| | | | | | -1 SEM | 89 | 23 |
| | | | | | +1 SEM | 99 | 47 |
| 28. Science | 21 | 477 | 7-2 | 1.9 | 39/90 | 80 | 9 |
| | | | | | -1 SEM | 74 | 4 |
| | | | | | +1 SEM | 86 | 18 |
| 29. Social Studies | 20 | 494 | 9-8 | 4.3 | 61/90 | 94 | 34 |
| | | | | | -1 SEM | 88 | 21 |
| | | | | | +1 SEM | 100 | 50 |

Name: Kosoul ChanthaKoummane

ID: 0024730

Page: 2

| Test Name | Raw Score | W | Age Equiv. | Grade Equiv. | RMI | SS | PR |
|------------------------------------|-----------|-----|------------|--------------|-------|------------|----|
| 30. Humanities | 22 | 489 | 8-2 | 2.8 | 68/90 | 88 | 21 |
| | | | | | | -1 SEM 83 | 13 |
| | | | | | | +1 SEM 93 | 32 |
| BROAD READING 22-23 | --- | 498 | 10-6 | 5.0 | 88/90 | 95 | 46 |
| | | | | | | -1 SEM 96 | 39 |
| | | | | | | +1 SEM 102 | 55 |
| BROAD MATH (Gq) 24-25 | --- | 500 | 10-5 | 5.0 | 90/90 | 100 | 50 |
| | | | | | | -1 SEM 96 | 39 |
| | | | | | | +1 SEM 104 | 61 |
| BROAD WRITTEN LANGUAGE 26-27 | --- | 488 | 8-10 | 3.4 | 71/90 | 86 | 18 |
| | | | | | | -1 SEM 82 | 12 |
| | | | | | | +1 SEM 90 | 25 |
| BROAD KNOWLEDGE (E Dev) | --- | 487 | 8-4 | 2.9 | 65/90 | 86 | 18 |
| | | | | | | -1 SEM 82 | 12 |
| | | | | | | +1 SEM 90 | 25 |
| SKILLS (E Dev) | --- | 490 | 9-4 | 4.0 | 75/90 | 91 | 28 |
| | | | | | | -1 SEM 88 | 21 |
| | | | | | | +1 SEM 94 | 34 |
| 31. Word Attack | 25 | 514 | 29[54] | 14.4 | 98/90 | 121 | 92 |
| | | | | | | -1 SEM 116 | 86 |
| | | | | | | +1 SEM 126 | 96 |
| 32. Reading Vocabulary | 24 | 494 | 9-8 | 4.3 | 84/90 | 96 | 40 |
| | | | | | | -1 SEM 92 | 30 |
| | | | | | | +1 SEM 100 | 50 |
| 33. Quantitative Concepts | 32 | 505 | 10-10 | 5.5 | 93/90 | 105 | 63 |
| | | | | | | -1 SEM 99 | 47 |
| | | | | | | +1 SEM 111 | 77 |
| 34. Proofing | 11 | 496 | 9-9 | 4.3 | 84/90 | 95 | 40 |
| | | | | | | -1 SEM 92 | 30 |
| | | | | | | +1 SEM 100 | 50 |
| 35. Writing Fluency | 16 | 497 | 10-2 | 4.8 | 87/90 | 97 | 41 |
| | | | | | | -1 SEM 88 | 21 |
| | | | | | | +1 SEM 106 | 66 |
| BASIC READING SKILLS | --- | 506 | 11-8 | 6.0 | 95/90 | 108 | 69 |
| | | | | | | -1 SEM 105 | 63 |
| | | | | | | +1 SEM 111 | 77 |

Name: Kosoul Chanthakoummane

ID: 0024730

Page:

| Test Name | Raw Score | W | Age Equiv. | Grade Equiv. | RMI | | SS | PR |
|--------------------------|---|-----|---------------|-----------------|-------|------------------|-------------------|----------------|
| READING COMPREHENSION | --- | 496 | 10-0 | 4.6 | 87/90 | -1 SEM +1 SEM | 98 94 102 | 44 34 55 |
| BASIC MATH SKILLS | --- | 506 | 11-1 | 5.6 | 95/90 | -1 SEM +1 SEM | 109 105 113 | 72 63 81 |
| MATHEMATICS REASONING | Use scores from Test 25: Applied Problems | | | | | | | |
| BASIC WRITING SKILLS | --- | 488 | 8-10 | 3.6 | 71/90 | -1 SEM +1 SEM | 89 86 92 | 23 18 30 |
| WRITTEN EXPRESSION | --- | 496 | 9-8 | 4.4 | 85/90 | -1 SEM +1 SEM | 95 91 99 | 37 27 47 |

Name: Kosoul Chantekoumane

ID: 0024730

Page: 4

Intra-Achievement Discrepancies

| | ACTUAL SS | OTHER SS | EXPECTED SS | SS DIFF | PR | SD DIFF |
|----------------------------|--------------|-------------|----------------|------------|----|------------|
| Broad Reading (R) | 99 | 91 | 91 | 8 | 82 | 0.91 |
| Broad Mathematics (M) | 100 | 90 | 91 | 9 | 82 | 0.93 |
| Broad Written Language (W) | 86 | 95 | 95 | -9 | 15 | -1.02 |
| Broad Knowledge (K) | 86 | 95 | 95 | -9 | 18 | -0.93 |

6154 82
9/84

Charlotte-Mecklenburg Schools
Exceptional Children
SPEECH/LANGUAGE DIAGNOSTIC SUMMARY

Student _____
School _____

Evaluator _____
Date _____

Articulation _____

School Weighted Articulation Test: _____

Other Test Scores: _____

Oral Peripheral Examination

Implications of Error Analysis

Fluency _____

Fluency Rating Scale Score: _____

Other procedures and findings: _____

Voice _____

CMS Voice Rating Scale _____

Other procedures and findings: _____

000073

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Charlotte-Mecklenburg Schools
~~Exceptional Children~~
 SPEECH/LANGUAGE DIAGNOSTIC SUMMARY

Student: Kousoul Chanthakoummane Evaluator: L. Davis-Liseski
 School: Tryon Hills Date: February 28, 1991
 D.O.B: October 10, 1980 Age: 10 yr. 4 mo.

Articulation

School Weighted Articulation Test: _____

Other Test Scores: _____

Kousoul appeared to demonstrate a mild articulation difference. One that would accompany a moderate to severe sensori-neural hearing loss.

Oral Peripheral Examination: All structures and functions appear to be within normal limits.

Implications of Error Analysis: Kousoul's hearing loss facilitates errors on high frequency sounds those including s, z, sh, ch, j, f and v.

Kousoul demonstrates a mild distortion on those high frequency sounds.

Fluency: Appears to be within normal limits

Fluency Rating Scale Score: _____

Other Procedures and Findings: _____

Voice:

CMS Voice Rating Scale: _____

Other Procedures and Findings: During informal speaking situations Kousoul's voice appears to be slightly hoarse and raspy at times.

Language:

Tests and Scores:

Receptive One Word Picture Vocabulary Test

-Standard Score 69 Percentile 2 Stanine 1

-Language Age Score 6 yr 8 mo

Expressive One Word Picture Vocabulary Test

-Standard Score 87 Percentile 19 Stanine 3

-Language Age Score 8 yr 8 mo

Test of Language Development-2 Intermediate

| | SS | % | | Q |
|--------------------|----|---|--------------------------|----|
| Sentence Combining | 4 | 2 | Spoken Language Quotient | 68 |
| Vocabulary | 6 | 9 | Listening Quotient | 76 |
| Word Ordering | 4 | 2 | Speaking Quotient | 64 |
| Generals | 5 | 5 | Semantics Quotient | 76 |
| Grammatical Comp. | 5 | 5 | Syntax Quotient | 64 |

Clinical Evaluation of Language Fundamentals-Revised

| | SS | PR |
|--------------------------|----|-------|
| Oral Directions | 4 | 2 |
| Word Classes | 5 | 5 |
| Semantic Relationships | 7 | 16 |
| | | SS PR |
| Receptive Language Score | 70 | 2 |

| | SS | PR |
|---------------------------------|--------------|--------------|
| Formulated Sentences | 4 | 2 |
| Recalling Sentences | 4 | 2 |
| Sentence Assembly | 6 | 9 |
| | SS | PR |
| Expressive Language Score | 64 | 4 |
| Total Language Score | 65 | 5 |

Analysis of Test Responses: Kousoul was identified in Kindergarten at Chantilly School as having a significant high frequency sensori-neural hearing loss in both ears. Kousoul then transferred to Irwin Elementary where he was classified as a Speech Language Impaired student, however he was not serviced at that time, but placed on a waiting list. Kousoul then apparently transferred to an out of state school. He returned to Charlotte Mecklenburg school district for Fourth Grade.

Kousoul's test scores on the Receptive One Word Picture Vocabulary Test were significantly impaired. He only achieved a 69 which indicates a severe delay in receptive vocabulary. His scores on the EOWPVT were not as significantly impaired. His standard score of 87 shows a mild delay in expressive vocabulary. All scores on the TOLD-2 were below the average range of scores indicating difficulty in all areas of language.

Kousoul's scores on the CELF-R further substantiate that he demonstrates a moderate to severe language delay. His subtest scores were all 7 or below.

On the subtest for Oral Directions Kousoul exhibited difficulty with three level commands and those commands involving serial orientation. On the subtest for recalling sentences he demonstrated difficulty with active sentences with subordinate clauses and those with relative clauses. Kousoul's ability to identify word classes was impaired for those classes involving opposites and spatial relations.

In the Sentence Assembly subtest those items involving Declaratives with negatives, infinitival phrases, direct and indirect objects were missed more frequently than others. Those items involving Interrogatives with infinitival phrases and negatives were also missed more frequently than others.

On the Semantic Relationships subtest items involving comparative, passive and temporal categories were difficult while those in the spatial category appeared easier.

Language Sample:

Procedures: _____

Findings:

Form:

Content:

Function:

Recommendations for Further Assessments and Evaluations: It is recommended that Kousoul receive an educational evaluation by a Hearing Impaired Itinerant Teacher to determine if he would benefit from their services at this time. As Kousoul had previously been identified for Speech Language services

in 1986 it is the recommendation of this therapist that he
~~continue to receive Speech Language Services.~~

Recommendations for Speech/Language Services: It is recommended at this time that Kousoul receive Speech Language services as a Level III with a point value of 6. His goals should focus on improving receptive vocabulary, improving articulation of fricative phonemes, improving all areas of language. It is further recommended that Kousoul receive some assistance in the area of hearing.

Respectfully submitted,



Lu Ann M. Davis-Liseski
M.S. CCC-Sp.

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 5/HCA

INVITATION TO CONFERENCE

Check Purpose

☒ Initial Placement☐ Review☐ Reevaluation☐ Change in Placement☐ Exit from Program☐ Other: _____Dear Parents:Date Sent 2/12/91Re: Kousoul Chanthakoummane (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Kousoul's special needs.

At this meeting, we would like to discuss one or more of the following:

☒ Ways to meet the educational needs of your child☒ Evaluation results☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or written education program.☐ Other: _____

The following people will be involved with the meeting:

| Name | Position | Name | Position |
|-----------------------------|------------|------|----------|
| <u>Lu Ann Davis-Liseski</u> | <u>SIP</u> | | |
| | | | |
| | | | |

The meeting is scheduled for (date) 2-12-91 at (time) 7am, (place) Troy Hills

If this time is inconvenient, I will be happy to reschedule the meeting.

Please call (phone) 343-5510

Sincerely,

[Signature]
School-Based Committee Chairperson

Troy Hills
School

*NOTE: You are entitled to all the due process rights in the Handbook of Parents' Rights, which you received

.....

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

☐ I will be present for the Conference.☒ I will not be able to attend. Please have the meeting without me. I understand that I may attach comments to this paper.☐ I cannot meet at this time. I will contact the school in order to arrange another time.

K. Chanthakoummane
Parent/Guardian Signature

2/12/91
Date

*****PLEASE RETURN THIS FORM TO THE SCHOOL*****

2nd Notice / /
Date

(Date Received: / /)

*NOTE: Retain a copy in child's folder.

000077

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Charlotte-Mecklenburg
Local School Administrative UnitDEC 5/HCA
8/90

INVITATION TO CONFERENCE

Check Purpose

☒ Initial Placement☐ Change in Placement☐ Review☐ Exit from Program☐ Reevaluation☐ Other: _____☐ Screening/EvaluationDear Kemenh Chanthakoummare:Date Sent 2/20/91Re: Rousoul Chanthakoummare (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Rousoul's special needs.

At this meeting, we would like to discuss one or more of the following:

☒ Ways to meet the educational needs of your child☒ Evaluation results☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or written education program.

Other: _____


The following people will be involved with the meeting:

| Name | Position | Name | Position |
|-----------------------------|--------------------|------|----------|
| <u>Lu Ann Davis-Liseski</u> | <u>Speech</u> | | |
| <u>Paul Carpenter</u> | <u>BSA teacher</u> | | |
| <u>Cynthia Mobley</u> | <u>SSS</u> | | |
| <u>Mr. Robertson</u> | <u>IT</u> | | |

The meeting is scheduled for (date) 2/20, at (time) 7:00, (place) Highland.
If this time is inconvenient, I will be happy to reschedule the meeting.

Please call (phone) 343-5511.

Sincerely,


 School-Based Committee Chairperson


 School

*NOTE: You are entitled to all the due process rights in the Handbook of Parents' Rights, which you received

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

☒ I will be present for the Conference.☐ I will not be able to attend. Please have the meeting without me. I understand that I may attach comments to this paper.☐ I cannot meet at this time. I will contact the school in order to arrange another time.
Kemenh Chanthakoummare
 Parent/Guardian Signature

2/20/91
 Date

*****PLEASE RETURN THIS FORM TO THE SCHOOL*****

 2nd Notice 1/1
 Date
(Date Received: 2/20/91)

*NOTE: Retain a copy in child's folder.

 White: Cumulative folder
 Yellow: Parent's Copy
 Pink: Teacher's copy

000078

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Charlotte-Mecklenburg
Local School Administrative Unit

8/89

INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLANStudent: Kousoul Chanthakoummane
School: Tryon Hills ElementaryCheck Purpose
☒ Initial Entry
☐ Annual Review
☐ Reevaluation
☐ Other: _____

I. AREA OF ELIGIBILITY (mark only primary condition)

- | | |
|--|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Academically Gifted | <input type="checkbox"/> Deaf-Blind |
| <input type="checkbox"/> Behaviorally/Emotionally Handicapped | <input type="checkbox"/> Specific Learning Disabled |
| <input checked="" type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Speech and Language Impaired |
| <input type="checkbox"/> Mentally Handicapped | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> EMH <input type="checkbox"/> S/PMH <input type="checkbox"/> TMH | |
| <input type="checkbox"/> Multihandicapped | |
| <input type="checkbox"/> Orthopedically Impaired | |

II. RELATED SERVICES

- | |
|---|
| <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Occupational Therapy |
| <input checked="" type="checkbox"/> Speech-Language |
| <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Audiology |
| <input type="checkbox"/> None |
| <input type="checkbox"/> AG |
| <input type="checkbox"/> Other _____ |

III. RECOMMENDATIONS FOR NC TESTING PROGRAMS:

- | ANNUAL | MSDT | END-OF-COURSE | COMPETENCY | LOCAL |
|--|--|--|---|--|
| <input type="checkbox"/> Standard Administration | <input type="checkbox"/> Standard Administration | <input type="checkbox"/> Standard Administration | <input type="checkbox"/> Standard Administration | <input type="checkbox"/> TCS |
| <input checked="" type="checkbox"/> Will Take Modifications: | <input type="checkbox"/> Will Take Modifications | <input type="checkbox"/> Will Take Modifications | <input type="checkbox"/> Will Take Modifications | <input type="checkbox"/> DAT |
| <input type="checkbox"/> CAT, Science, Social Studies | <input type="checkbox"/> Reading, Math, Language | <input type="checkbox"/> specify course | <input type="checkbox"/> Reading, Math, Writing Objective | <input checked="" type="checkbox"/> CAT Grade 4, 5, 7, 9 |
| <input type="checkbox"/> Writing Essay | | | <input type="checkbox"/> Writing Essay | <input type="checkbox"/> Other (specify) _____ |

SPECIFY

MODIFICATION(S): Small group setting

☐ Excluded ☐ Excluded ☐ Excluded ☐ Excluded*** ☐ Excluded

***In making this request we acknowledge that we fully understand that passing the competency tests is a requirement for earning a high school diploma. Parent or eligible student's signature required below if excluded.

IV. LEAST RESTRICTIVE ENVIRONMENT

A. CONTINUUM OF SERVICES: Check the services considered by the committee, and circle the decision reached.

Give reason(s) for options rejected and the decision reached. Time is based on 5 1/2 - hour day.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Regular - Less than 21% of day (up to 1 hr., 15 min.) | <input type="checkbox"/> Private Separate School - 100% |
| <input checked="" type="checkbox"/> Resource - 21%-60% of day (1 hr., 15 min. to 3 hr., 30 min.) | <input type="checkbox"/> Public Residential - 100% |
| <input type="checkbox"/> Separate - 61% or more of day (excess of 3 hr., 30 min.) | <input type="checkbox"/> Private Residential - 100% |
| <input type="checkbox"/> Public Separate School - 100% | <input type="checkbox"/> Home/Hospital - 100% |

Reason(s) for options rejected student is functioning on appropriate academic level.Reason(s) for decision reached Student needs support upon initially entering programB. PROGRAM PLACEMENT Hearing Impaired, with Itinerant Consultative Services

C. PERCENTAGE OF TIME IN EXCEPTIONAL EDUCATION (EXCLUDING TRANSPORTATION) % AND RELATED SERVICES

Speech 10 min per week

D. DESCRIPTION OF THE REGULAR PROGRAM TO BE PROVIDED: (Check where appropriate)

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Reading | <input checked="" type="checkbox"/> Science | <input checked="" type="checkbox"/> Lunch | <input checked="" type="checkbox"/> Spelling |
| <input checked="" type="checkbox"/> Social Studies | <input checked="" type="checkbox"/> Math | <input checked="" type="checkbox"/> Writing | <input checked="" type="checkbox"/> Physical Education |
| <input checked="" type="checkbox"/> Recess | <input checked="" type="checkbox"/> English | <input type="checkbox"/> Vocational | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Art/Music | <input checked="" type="checkbox"/> Assemblies | <input type="checkbox"/> Homeroom | <input checked="" type="checkbox"/> Electives |
| <input checked="" type="checkbox"/> Library | <input checked="" type="checkbox"/> Language Arts | | |

V. INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER: N/AVI. IS ADAPTIVE PHYSICAL EDUCATION REQUIRED? ☐ Yes ☒ No

VII. IEP COMMITTEE/PARENT PARTICIPATION

We have participated in the development and writing of the IEP/GEP Process:

Signatures K. Chanthakoummane (father) Position _____

Melanie J. Rouse IT Itinerant Teacher

Laura Davis-Lisodi SLP

VIII. PARENT CONTACTS - DATE

Date of Meeting 2/20/91☐ Handbook on Parent's Rights Given at Annual Review

000079

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A. Student: Kousoul Chanthakoummare

Grade: _____

Annual Goal(s) To maximize reception of auditory instructional materials.

B. Date (excluding summer months):

From 2 (mo) 20 (day) 91 (yr.)To 2 (mo) 20 (day) 92 (yr.)C. Present Level(s) of Performance (Summarize evaluation results): hearing tests indicatea mild to moderate hearing loss with improvement to hearing & understanding when auditory trainer is w/wn. Educational tests indicate ability to function at grade-level.

D.

Short-term Instructional Objectives

Kousoul will: Evaluative Criteria

Date Attained

1) To improve signal to noise ratio in classroom.

a) hear teacher versus noise/others

To improve compensatory skills by using visual clues/skills

3) To preserve residual hearing

Write: Cumulative folder
Yellow: Parents
Pink: Service Provider

1) Invariant teacher will consult with teachers monthly.

- (1a) seat himself near teacher
- (1b) avoid seating near noise especially low humming fans/motors
- (1c) will wear functional hearing aids/auditory trainer
- (1d) verify instructions via "buddy system" - Buddy assigned by teacher
- (2a) watch teacher's face to speed read
- (2b) seat himself with clear line of vision
- (2c) review teacher's assignments written on board/handouts, or "buddy's" notes.
- (3a) have an annual hearing test and hearing aid check

Data update
att. checked

(John)

Student: Kousaul Chanthakommene School: Tyler Hills IEP Date: 6-26-91
 Home Phone: 393-5366 School Phone: 393- Audiologist: Sloan-Clantz
 2530 Fort St.
 Work Phone: DOB: 10-1-80 ID# 0024730

| | | | |
|--|--|---|---|
| date: 9-5-91 Consulted w/ classroom teacher - K. Smith. | date: 10-9-91 Consulted w/ audiologist has ATU & OK - gave aids 7 nickel earmolds. | date: 1-9-92 E. getting HA from Audiologist - Services - Purchased by Proj: it Hope - ITE - Pops motivation SBC Vocademics - scheduled SBC 1-17-92 | date: 1-13-92 Call changing SBC - called Audiologist & school to reschedule 1-24-92 1-24-92 SBC - call that day 44 days - Nurse took to get 1338 but not phos. |
| date: 1-27-92 Apt. to consult w/ John about new HA Aids to be kept at school Checked them - student absent HOTS, Speech | date: 1-30-92 Conf. w/ John - He likes the aids - 200 problems 3 C's 1 D (math) | date: 2-28-92 SBC follow-up | date: 3-17-92 Conf. w/ A. R. R. teacher - Kousaul - all OK - changed man. |
| date: 5-7-92 telephone conference w/ SP/Long: re: IEP | date: 5-22-92 SBC neg cognitive testing. 9/2/93 left day activities for IEP w/ SP/Long. Clinician | date: 6-8-92 Check Report Card + re: placement 6th grade | date: NDC - current audio. 5-20-92 |
| date: | date: | date: | date: |

Condition:
 PA = personal aid
 ATU = auditory training unit
 NA = unaided

A.T. = Auditory Training
 Voc. = Vocabulary Development
 L. = Language Development
 S.S. = Study Skills

A. Student: Kousoul Chanthakummane
 Grade: 4

B. Date: From

20
(mo)

20
(day)

91
(yr.)

To

2
(mo.)

20
(day)

92
(yr.)

Annual Goal(s) To improve receptive and expressive language.

C. Present Level(s) of Performance
 (Summarize evaluation results)

Kousoul has a moderate language delay.

Short-term Instructional Objectives

Evaluative Criteria

Date Attained

Using a variety of literature in thematic units, the student will be able to:

- 1- predict outcomes/consequences
- 2- choose 4, 5, 6 events/places/situations that are the same.
- 3- sequence 4, 5, 6 events and re-tell story from those pictures.
- 5- classify people/places/actions and things in the book.
- 6- identify and express similarities and differences among characters settings, actions + different versions of the same story.
- 7- to complete other selected language processing skills.

Clinician judgement
 of consistent use of
 objectives

Consultation @ classroom
 teacher
 Observation

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 9/HCA
12/89

PRIOR NOTICE AND CONSENT FOR INITIAL PLACEMENT

Dear Parent(s):

Re: Kousoul Chanthakumman (Student) ID# 00 24730

The screening and evaluation of your child has been completed. The IEP/GEP/written plan has been developed based upon his/her strengths and needs. We are recommending services in the hearing-impaired program.

Parental Consent

Please indicate your choice with a check:

☒ I/We agree for my child to receive services in the hearing-impaired program. I/We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

☐ I/We do not agree for my child to receive services in the hearing-impaired program. I/We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

Kousoul Chanthakumman 2/20/91
Parent's Signature Date

Sent to Parent: 2/20/91

*Return to: Tryon Hills

*Contact this same person at the same address for instructions if you wish to request an impartial hearing.

White: Cumulative folder
Yellow: Parent's Copy
Pink: Teacher's copy

000083

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Administrative Placement Committee Review Form

Student Name: Kousoul Gantlukumane Publi ID# 0024730 Age 10 DOB 10-1-80

Address: _____ Grid Code: _____

Parent's Name: _____ Phone: _____

Date: 11-21-91 Home School: Tayon Hills

Current Placement: Regular ed Date of Last Review: _____

Committee Members

Position

| | |
|-----------------------|--------------------------------|
| <u>Jack Cullen</u> | <u>Chair APC</u> |
| <u>Florence Moody</u> | <u>Prog. Spec. EC</u> |
| <u>Mary Schultz</u> | <u>E.C. Program Specialist</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Recommendation/Justification

C APC concurs with recommendation
for consultative itinerant h. i. services.

IV. Placement Contact: Name: _____

Position: _____

Contact Date Deadline: _____

White: Cumulative Folder
 Yellow: Ards of Central APC
 Pink: Resolving Program

copy audiology #454

Melanie Howell

Melanie Howell - Vill. Hills

000084

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6/5/91
38Charlotte-Mecklenburg
Local School Administrative UnitDEC 8/HCA
8/89

RECOMMENDATION/APPROVAL FOR PLACEMENT

Student: Kousoul Chanthakoummane
School: Tryon HillsCheck Purpose:
☒ Initial Placement
☐ Reevaluation
☐ Change in Placement/Setting
☐ Other: _____

School-Based Committee

Date 3/7/91

We have reviewed all the required documentation and

- ☒ (a) do do not recommend placement of Kousoul in the
Hearing Impaired program, @ Speech as a related service.
- ☐ (b) recommend continued placement.
- ☐ (c) recommend a change in placement/setting to _____, or
- ☐ (d) recommend exit from the _____ program.

| Signature | Position |
|--------------------|---------------------|
| <u>[Signature]</u> | <u>AP</u> |
| <u>[Signature]</u> | <u>SSS</u> |
| <u>[Signature]</u> | <u>BIEU Teacher</u> |
| <u>[Signature]</u> | <u>SIP</u> |
| <u>[Signature]</u> | <u>CIR</u> |

APC Rep., if combined
☐ approval ☐ disapproval

Administrative Placement Committee

Date 6/26/91

We have reviewed all required documentation, and the recommendation of the School-Based Committee.

☒ Approval ☐ DisapprovalReason(s): Area APC approves continued hearing impaired
services with speech as a related service.

| Signature | Position |
|--------------------|-----------------|
| <u>[Signature]</u> | <u>Area Rep</u> |
| <u>[Signature]</u> | <u>ASFC</u> |
| <u>[Signature]</u> | <u>SSS</u> |

White: Cumulative folder
Yellow: APC copy

000085

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6/5/91
38Charlotte-Mecklenburg
Local School Administrative UnitDEC 8/HCA
8:89

RECOMMENDATION/APPROVAL FOR PLACEMENT

Student: Kousoul Chanthakummane
School: Tryon HillsCheck Purpose:
☒ Initial Placement
☐ Reevaluation
☐ Change in Placement/Setting
☐ Other: _____

School-Based Committee

Date 3.7.91

We have reviewed all the required documentation and

- ☒ (a) do do not recommend placement of Kousoul in the Hearing Impaired program. @ Speech as a related service
- ☐ (b) recommend continued placement.
- ☐ (c) recommend a change in placement/setting to _____ or _____
- ☐ (d) recommend exit from the _____ program.

| Signature | Position |
|--------------------------|---------------------|
| <u>[Signature]</u> | <u>AP</u> |
| <u>Cynthia V. Mahler</u> | <u>SSS</u> |
| <u>[Signature]</u> | <u>BIEN Teacher</u> |
| <u>[Signature]</u> | <u>SIP</u> |
| <u>[Signature]</u> | <u>CCR</u> |

APC Rep., if combined
☐ approval ☐ disapproval

Administrative Placement Committee

Date 4.26.91

We have reviewed all required documentation, and the recommendation of the School-Based Committee.

☒ Approval ☐ DisapprovalReason(s): Area APC approves continued hearing impaired services with speech as a related service.

| Signature | Position |
|--------------------|------------------|
| <u>[Signature]</u> | <u>Area Rep.</u> |
| <u>[Signature]</u> | <u>ASFC</u> |
| <u>[Signature]</u> | <u>SSS</u> |

White: Cumulative folder
Yellow: APC copy

000086

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Area _____
Control _____Charlotte-Mecklenburg Schools
EXCEPTIONAL CHILDREN6164.22
8/95

Administrative Placement Committee Review Form

I. Pupil Name Kousoul Chanthakoumane Pupil ID# 0024730 Age 10 DOB 10-1-80
 Address _____ Grid Code _____
 Parent's Name _____ Phone _____
 Date 7-21-91 Home School Tayon Hills
 Current Placement Regular ed Date of Last Review _____

II. Committee Members

Position

| | |
|--------------------------|--------------------------------|
| 1. <u>Jack Cullen</u> | <u>Chair APC</u> |
| 2. <u>Florence Moody</u> | <u>Prog. spec. EC</u> |
| 3. <u>Mary Schultz</u> | <u>E.C. Program specialist</u> |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |

III. Recommendation/Justification

C APC concurs with recommendation
for consultative itinerant h. i. services.

IV. Placement Contact: Name _____
 Position _____
 Contact Date Deadline _____

White: Cumulative Folder
 Yellow: Area or Central APC
 Pink: Receiving Program

copy audiologist #454

Melanie Howell

Melanie Howell - Vill. Hills

000087

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PRIOR NOTICE AND CONSENT FOR INITIAL PLACEMENT

Dear Parents

Re: Kousoul Chanthakumman (Student) ID# 0024730

The screening and evaluation of your child has been completed. The IEP/GEP/written plan has been developed based upon his/her strengths and needs. We are recommending services in the Approved Hearing Impaired program.

Parental Consent

Please indicate your choice with a check:

☒ We agree for my child to receive services in the Hearing Impaired program. We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

☐ We do not agree for my child to receive services in the Hearing Impaired program. We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

Kousoul Chanthakumman 2/20/14
Parent's Signature Date

Sent to Parent: 2/20/14

Return to: Tryon Hills

*Contact this same person at the same address for instructions if you wish to request an impartial hearing

White: Cumulative folder
Yellow: Parent's Copy
Pink: Teacher's copy

5110.4

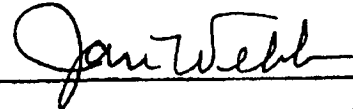
7/89

CHARLOTTE-MECKLENBURG SCHOOLS
INTERNATIONAL CENTER
GRADE PLACEMENT

I recommend that Kosoul Chanthakoummene be placed in the 4th grade for the following reasons:

According to his mother, he was in 4th grade last year and was retained. The school papers weren't available at the time of registration, but the parents have them at home and will bring them to school.

If this recommendation does not meet with your approval, please let me know so that we may change our records.



International Center Staff

According to the Public School Law of North Carolina #115C-288 "The principal shall have the authority to grade and classify pupils and exercise discipline over the pupils of the school." Principals of the Charlotte-Mecklenburg Schools will accept and place students in the grade which will best meet their educational needs. Age, previous education, and individual situations will be taken into consideration.

Ultimate grade placement is contingent upon the receipt of student transcripts which have been equated (by Charlotte-Mecklenburg Schools) to correspond with state and local requirements of units of credit.

I understand the above statements regarding grade placement.



Signature of Parent or Guardian

8-23-90

Date

000089

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Randolph Road
Ear, Nose & Throat
Associates, P.A.

JOHN W. FOUST, M.D., F.A.C.S.
G. DON ROBERSON, M.D., F.A.C.S.
N. NEIL HOWELL, M.D., F.A.C.S.
RONALD G. DENNIS, M.D.
KENNETH W. COMPTON, M.D.
E. ARTHUR BOLZ, M.D.
SUITE 210, RANDOLPH BUILDING
RANDOLPH MEDICAL PARK

OTOLOGY — OTONEUROLOGY — ENT ALLERGY — NASAL PLASTIC SURGERY — LARYNGOLOGY — HEAD AND NECK ONCOLOGY — MAXILLOFACIAL SURGERY

May 30, 1991

Ms. Lu Ann Liseski
Speech Pathologist
Tryon Hills Elementary School
2600 Grimes Street
Charlotte, N.C. 28206

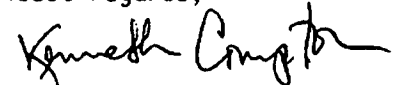
RE: Cousoul Chanthakoummane

Dear Ms. Liseski:

This is a note regarding Cousoul Chathakoummane regarding his need for a hearing aid. He was seen in our office on 4/18/91 where past audiograms dating back to January of 1991 were reviewed. It is quite apparent that he has a sensorineural hearing loss that would benefit greatly from amplification. His examination in the office disclosed no findings to suggest that he had correctable hearing. I would strongly recommend that he receive hearing aids to improve his school performance.

If I can be of any further help, please contact me.

Kindest regards,



Kenneth W. Compton, N.D.

KWC:SIM/aw

FOR MEDICAL REFERRALS PLEASE HAVE PH... N FILL OUT REVERSE SIDE OF THIS FORM AND RET... TO AUDIOLOGIST

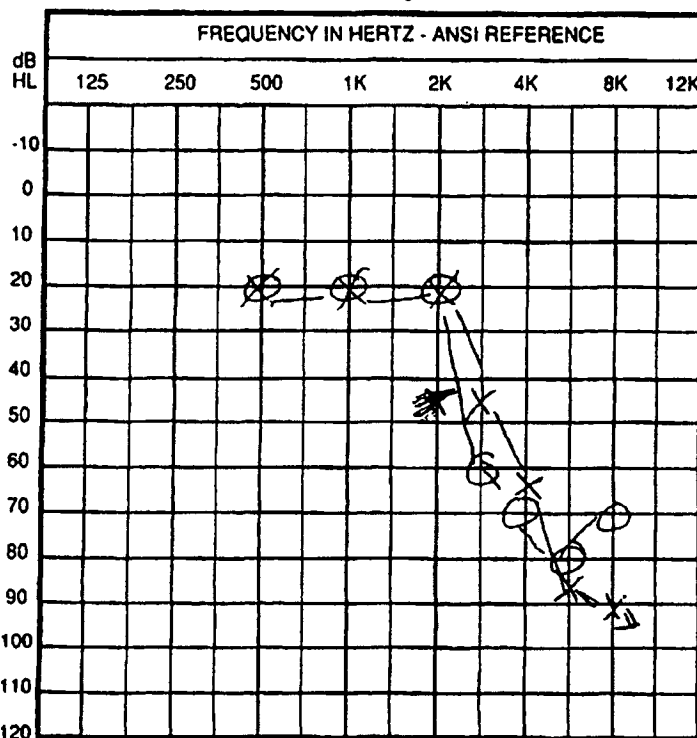
6164.56

5/90

CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION Program for the Hearing Impaired/Hearing Conservation Program

Name: Cassius Chantel Kaumane ID #: 0024730 Date of Test: 1/8/91
 School: Tryon Hills Grade: 4 Teacher: Lesesne DOB: 10/1/80
 Parents/Guardian: _____ Phone (H): _____ (W): _____
 Address: 2530 Fort Street City: _____ Zip: _____
 Sex: (M) F Race: W B (A) Other: _____ Referred by: L. Lisowski-Davis
 Parent Permission: _____ Screening: _____ Known Case: _____
 Reliability: Good Fair Poor Inconsistent
 Validity: Acceptable Questionable

Audiogram

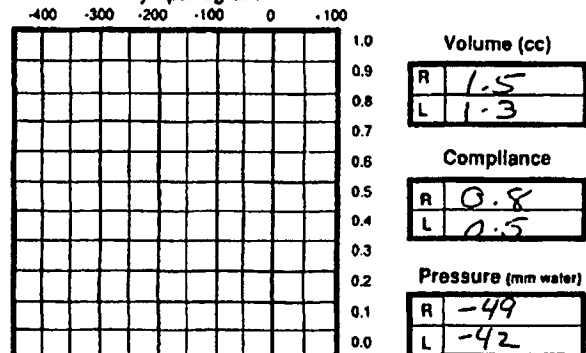


Speech Audiometry

| | SAT/SRT | SD | @dB | SD Noise | @dB | S/N |
|-------|---------|----|-----|----------|-----|-----|
| Right | | % | | % | | |
| Left | | % | | % | | |
| Field | | % | | % | | |
| Aided | | % | | % | | |
| FM | | % | | % | | |

List _____ Live _____ Tape _____
 HA _____ R _____ L _____

Tympanogram



Volume (cc)

| | |
|---|-----|
| R | 1.5 |
| L | 1.3 |

Compliance

| | |
|---|-----|
| R | 0.8 |
| L | 0.5 |

Pressure (mm water)

| | |
|---|-----|
| R | -49 |
| L | -42 |

Otoscope: _____

Comments: Needs to be seen in CMS
Otolaryngology Clinic - Explore the
possibility of amplification

Tym Type:

R: A L: A

Tubes:

R: _____ L: _____

Acoustic Reflexes (ipsi Contra)

500 1K 2K 4K

| | | | | |
|---|--|--|--|--|
| R | | | | |
| L | | | | |

Recommendations: Annual Retest Medical Referral HAE HA Repair Earmolds Certification FM

Results: R: Conductive Sensorineural Mixed Normal Mild Moderate Severe Profound Flat Slope Stable High Freq
 L: Conductive Sensorineural Mixed Normal Mild Moderate Severe Profound Flat Slope Stable High Freq

M. Sloan - Olson
 Audiologist

Legend

| | AIR | Masked | Bone | Masked |
|------------|-----|--------|------|--------|
| RIGHT | 0 | Δ | < | |
| LEFT | X | □ | > | |
| Soundfield | Air | HA | FM | |
| | S | A | T | |

CNT - Couldn't Test

DNT - Didn't Test

↓/NR - No Response

*PHYSICIAN, PLEASE FILL OUT SUMMARY ON REVERSE SIDE

WHITE: CUMULATIVE YELLOW: PARENT PINK: NURSE

000091

250

REVERSE SIDE OF THIS FORM AND RET. IT TO AUDIOLOGIST

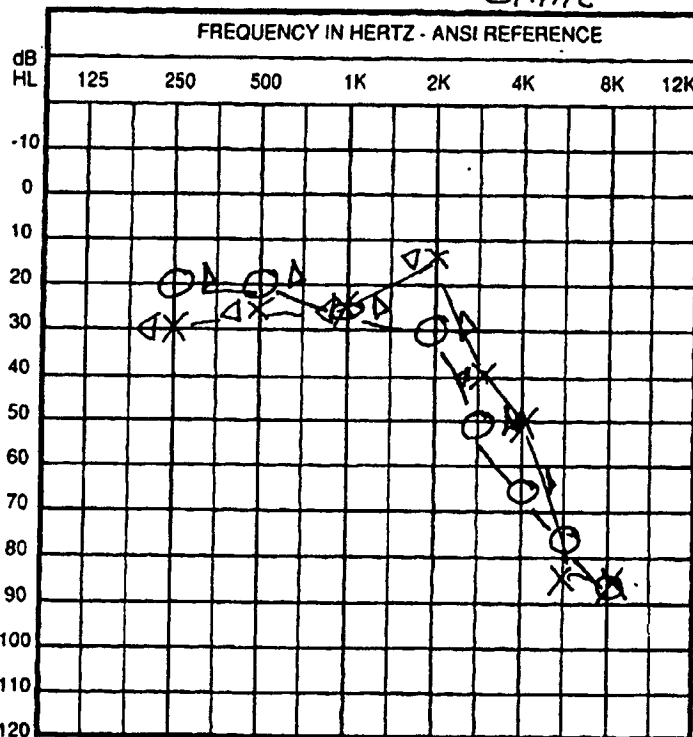
6164.56

0/30

CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION **Program for the Hearing Impaired/Hearing Conservation Program**

Name: Kassoul Chanthakommane ID #: 0024730 Date of Test: 1/24/91
 School: Tayon Hills Grade: 4 Teacher: hesene DOB: 10/1/80
 Parents/Guardian: Komonh + Phone Chanthakommane Phone (H): 334-3473 (W): 339-9409
 Address: 2530 Fort Street City: Charlotte Zip: _____
 Sex: (M) F Race: W B (A) Other: _____ Referred by: L. Hisecki - Davis
 Parent Permission: L Screening: _____ Known Case: _____
 Reliability: Good Fair Poor Inconsistent
 Validity: Acceptable Questionable

Audiogram: In: Clinic



Otoscopic: Left Im seal

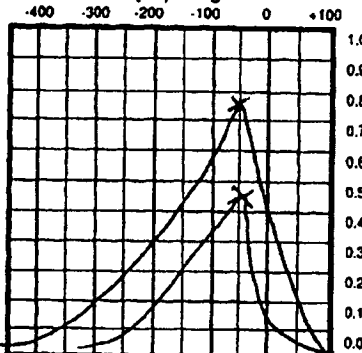
Comments: Trial period with amplification is indicated

Speech Audiometry

| | SAT/SRT | SD | @dB | SD Noise | @dB | S/N |
|-------|---------|-----|-----|----------|-----|-----|
| Right | 10 | 88% | 50 | 80% | 60 | +5 |
| Left | 5 | 96% | 45 | 85% | 60 | +5 |
| Field | | % | | % | | |
| Aided | | % | | % | | |
| FM | | % | | % | | |

List L Live L Tape multi-talker
 HA R L L

Tympanogram



| Volume (cc) | |
|---------------------|-----|
| R | 1.5 |
| L | 1.3 |
| Compliance | |
| R | 0.8 |
| L | 0.5 |
| Pressure (mm water) | |
| R | -49 |
| L | -42 |

Tymp Type: A L A

R: A L A

Tubes: _____

R: _____ L: _____

Acoustic Reflexes (Ipsi Contra)

| | 500 | 1K | 2K | 4K |
|---|-----|----|----|----|
| R | 90 | 90 | 95 | |
| L | 90 | 45 | 45 | |

Recommendations: Annual Retest Medical Referral HAE HA Repair Earmolds Certification FM

Results: R: Conductive Sensorineural Mixed Normal Mild Moderate to Severe Profound Flat Slope Stable
 L: Conductive Sensorineural Mixed Normal Mild Moderate to Severe Profound Flat Slope Stable

Mari Sloan - Clong, MS, CCC-A
 Audiologist

Legend

| | AIR | Masked | Bone | Masked |
|------------|-----|--------|------|--------|
| RIGHT | 0 | Δ | < | 1 |
| LEFT | X | □ | > | 1 |
| Soundfield | Air | HA | FM | |
| | S | A | T | |

CNT - Couldn't Test
 DNT - Didn't Test
 ↓/NR - No Response

*PHYSICIAN, PLEASE FILL OUT SUMMARY ON REVERSE SIDE

WHITE: CUMULATIVE YELLOW: PARENT PINK: NURSE

000092

251

CHARLOTTE-MECKLENBURG SCHOOLS
AUDIOLOGY
700 E. 2nd STREET
CHARLOTTE, NC 28202
343-5455

NAME: Chanthakommane, Kousoul I.D. #0024730
DATE OF TESTING: 1/24/91 SCHOOL: Tryon Hills

BACKGROUND INFORMATION

Kousoul Chanthakommane was seen for testing at the CMS Audiology Clinic after being referred for an updated evaluation of his hearing. He has a history of a reported high-frequency hearing loss, which was first identified March 19, 1986. Etiology is not documented.

TEST RESULTS

(SEE ATTACHED AUDIOGRAM)

Audiological evaluation substantiates a stable sensori-neural hearing loss bilaterally, with responses in the normal-to-mild range from 250 to 2,000 HZ, which steeply slope downward to become a moderate-to-severe loss in the high frequencies. Speech discrimination scores in quiet were 88% in the right ear and 96% in the left ear. Speech discrimination at a +5 dB signal-to-noise ratio with linguistic competing message was 80% in the right ear and 85% in the left ear.

These results would indicate that he could have difficulty hearing adequately in a classroom or in any situation in which there is competing noise.

RECOMMENDATIONS

- Observation by the itinerant teacher of the hearing impaired to determine whether he should be certified hearing impaired.
- Explore amplification alternatives.
- Annual Audiological evaluations.
- Continue the classroom interventions documented in his file.

Marti Sloan-Clontz, MS, CCC-A
Marti Sloan-Clontz, MS, CCC-A
Audiologist

1991-1992 2nd

Troyon Hills

Teacher-Kelly Smith

had received hearing aids for both ears

Charlotte-Mecklenburg
Local School Administrative Unit

DEC/Due Process
12/91

INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

☐ Initial Placement ☐ Change in Placement
☐ Review ☐ Exit from Program
☐ Reevaluation ☐ Other:

Dear Phong Chanthakoummane :

Date Sent 1/21/92

Re: John Chanthakoummane (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- ☒ Ways to meet the educational needs of your child
- ☒ Evaluation results
- ☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- ☐ Change in placement
 - ☐ Educational Setting
 - ☐ Identification

The following people will be involved with the meeting:

| Name | Position | Name | Position |
|------------------------|----------------|------|----------|
| <u>Ludwig Lisetski</u> | <u>Speech</u> | | |
| <u>Kelly Smith</u> | <u>teacher</u> | | |
| <u>Mark Robertson</u> | <u>AP</u> | | |
| | | | |
| | | | |

The meeting is scheduled for (date) February 6, at (time) 2:45 pm, (place) Tryon Hills.
Please call (phone) 343-5510. If this time is inconvenient, I will be happy to reschedule the meeting.

Sincerely,

Mark Robertson
School-Based Committee Chairperson

Tryon Hills
School

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- ☐ I will be present for the Conference.
☐ I cannot meet at this time, I will contact the school in order to arrange another time.
☐ I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature _____

Date _____

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

2nd Notice 1/1/92 (Date) Type of Notice letter

(Date Received: 1/1/92)

3rd Notice 1/1/92 (Date) Type of Notice _____

*Note: Retain a copy in child's folder.

000095

254

Charlotte-Mecklenburg
Local School Administrative UnitDEC/Due Process
12/91

INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

| | |
|--|--|
| <input type="checkbox"/> Initial Placement | <input type="checkbox"/> Change in Placement |
| <input checked="" type="checkbox"/> Review | <input type="checkbox"/> Exit from Program |
| <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Other: |

Dear Phong Chanthakoummane :
 Re: John Chanthakoummane (Student's Name)

Date Sent 2/6/92

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- ☒ Ways to meet the educational needs of your child
- ☐ Evaluation results
- ☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- ☐ Change in placement
 - ☐ Educational Setting
 - ☐ Identification

The following people will be involved with the meeting:

| Name | Position | Name | Position |
|-----------------------|----------------|------|----------|
| <u>LuAnn Lisesti</u> | <u>SLP</u> | | |
| <u>Mark Robertson</u> | <u>AP</u> | | |
| <u>Kelly Smith</u> | <u>teacher</u> | | |
| | | | |
| | | | |

The meeting is scheduled for (date) 2-20-92, at (time) 2:45 pm, (place) Tryon Hills.
 Please call (phone) 343-5510. If this time is inconvenient, I will be happy to reschedule the meeting.

Sincerely,

Mark Robertson
 School-Based Committee Chairperson
Tryon Hills
 School

 PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- ☐ I will be present for the Conference.
- ☐ I cannot meet at this time, I will contact the school in order to arrange another time.
- ☐ I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature _____

Date _____

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

2nd Notice 1/1/92 (Date) Type of Notice letter(Date Received: 1/1/92)3rd Notice 2/1/92 (Date) Type of Notice letter

*Note: Retain a copy in child's folder.

White: EC Folder Yellow: Teacher Pink: Parent

*no reply
called home
said father couldn't*

020096
255

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

DEC 5/HCA
11/91
(Part 2)

INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kousoul Chanthaboummane
School: Tryon Hills

Check Purpose:

☐ Initial Entry ☐ Change in Placement
☒ Annual Review ☐ Other: _____
☐ Reevaluation ☐

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)*

- ☐ Academically Gifted ☐ Other Health Impaired
☐ Autistic ☐ Specific Learning Disabled
☐ Behaviorally-Emotionally Handicapped ☐ Speech-Language Impaired
☐ Deaf-Blind ☐ Traumatic Brain Injured
☒ Hearing Impaired ☐ Visually Impaired
☐ Mentally Handicapped
☐ EMH ☐ S/PMH ☐ TMH
☐ Multihandicapped
☐ Orthopedically Impaired

II. RELATED SERVICES

- ☒ Audiology
☐ Counseling Services
☐ Occupational Therapy
☐ Physical Therapy
☒ Speech-Language
☐ Transportation
☒ Other: Hearing Impaired
☐ None

*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

A. Amount of Time in Exceptional Education:

| Type of Service | Sessions Per Wk./Mo./Yr. | Min. Per Session | Hours Per Wk. |
|--------------------------|-----------------------------|---------------------|------------------|
| Consultation | <u>12x per year</u> | <u>30</u> | |
| Direct Special Education | | | |
| Related Services | | | |
| <u>Audiology</u> | <u>1x per year</u> | | |
| <u>Speech Language</u> | <u>2x per wk</u> | <u>25</u> | <u>5 1/2 hr</u> |

B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for options rejected and the decision reached. A continuum of services must be considered.

- ☒ Regular - Less than 21% of day (up to 1 hr., 15 min.) ☐ Private Separate School - 100%
☒ Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.) ☐ Public Residential - 100%
☐ Separate - 61% or more of day (more than 3 hrs. 30 min.) ☐ Private Residential - 100%
☐ Public Separate School - 100% ☐ Home/Hospital - 100%

Preschool

- ☐ Regular* - Up to 6 hours per week ☐ Private Separate School - 100%
☐ Resource* - 6 to 18 hours per week ☐ Public Residential - 100%
☐ Separate* - more than 18 hours per week ☐ Private Residential - 100%
☐ Public Separate School - 100% ☐ Home/Hospital - 100%
☐ Home/Family - minimum 1 hour per week

*Applicable only in a classroom setting

Agency: Check where the student is receiving special services.

- ☒ 1. LEA/School in Attendance Area ☐ 3. Another LEA
☐ 2. LEA/School Not in Attendance Area ☐ 4. Other _____

Reason(s) for options rejected Kousoul's hearing impairment continues to cause him difficulty in the class. He does not require a more restrictive setting.

Reason(s) for decision reached Kousoul needs to continue receiving services as Math is an area of weakness and language is delayed.

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

DEC 5/HCA
11/91

(Part 2 continued)

C. Regular Program Participation: Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided.

b,k Reading
b,k English
b,k Math
b,k Health
b,k Writing
History
b,k Science

b,k Language Arts
b,k Spelling
b,k Social Studies
Economics
Physical Education
Music/Art
Vocational

Library For. Lang
Chapter I Remediation
Homeroom
Lunch
Assemblies
Recess
Other

Appropriate Classroom Modification(s), if any:

- | | |
|------------------------------------|---------------------------------------|
| a. Grading | h. Audio Tapes |
| b. Peer Tutoring | i. Tape Recorder |
| c. Oral Test | j. Interpreter |
| d. Abbreviated Assignments | k. Auditory Trainer |
| e. Alternative Materials | l. Assistive Devices |
| f. Extended Test Time (Tchr. Test) | m. Computer/Typewriter/Word Processor |
| g. Large Print Books | n. Other _____ |

For preschool children describe how the child is involved in a regular program: _____

IV. INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER:*

*Vocational evaluation is needed? ☐ Yes ☒ No

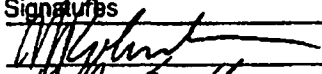

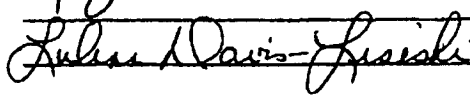
V. TRANSITION PLAN IN EFFECT FOR STUDENTS 16 YEARS AND OLDER? ☐ Yes ☒ No

VI. N.C. TESTING PROGRAM: Modifications Needed ☐ Yes (See part III on back) ☒ No

VII. IS ADAPTED PHYSICAL EDUCATION REQUIRED? ☐ Yes ☒ No

VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the IEP:

| Signatures | Position | Date |
|---|--------------------|---------|
|  | LEA Representative | 2-20-92 |
|  | Student's Teacher | 2-20-92 |
| | Parent | |
|  | EC Teacher | 2-20-92 |

IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the addendum:

| Signatures | Position | Date |
|------------|--------------------|------|
| | LEA Representative | |
| | Student's Teacher | |
| | Parent | |
| | EC Teacher | |

000098

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

DEC 5/HCA
11/91
(Part 1)

000099

258

Student Kousoul Chanthakummane

B. Date of Beginning and Duration of Special Education and Related Services

Grade 5 School Troy HillsFrom: 2 20 92
(month) (day) (year)A. Present Level(s) of Performance
(Summarize evaluation results including strengths and needs or behavioral weaknesses):To: 5 28 92
(month) (day) (year)

Known "John" exhibits a moderate, severe, c. annual loss with improvement when having an opportunity to learn. John continues to have difficulty in academic areas even though he appears to be capable of functioning within normal range. John's language D. subjects appear mild to moderate.

Annual Goal(s) John given direct speech language intervention and collaboration with classroom teacher will maximize acceptance of audibility presented materials in class.

| Short-Term Instructional Objectives in Measurable Terms | Evaluation Procedures (How) | Evaluation Schedule (When) | Date Attained (must be completed for each objective) |
|--|--------------------------------|-------------------------------|--|
| John will improve the ability to move notes in class by using some of the following strategies: 1. wearing functioning hearing aid. 2. avoid talking near noise. 3. reading himself needed the speaker. | Teacher report | February April May | |

There must be short-term instructional objectives for each annual goal(s).

Use one sheet for each annual goal.

White: Cumulative Folder

Yellow: Teacher

Pink: Parent

Charlotte-Mecklenburg
Local School Administrative Unit

DEC/Due Process
12/91

INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

- | | |
|--|--|
| <input type="checkbox"/> Initial Placement | <input type="checkbox"/> Change in Placement |
| <input checked="" type="checkbox"/> Review | <input type="checkbox"/> Exit from Program |
| <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Other: |

Dear Phong Chanthakoummane :
Re: John Chanthakoummane (Student's Name)

Date Sent 1/7/92

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- ☒ Ways to meet the educational needs of your child
- ☒ Evaluation results
- ☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- ☐ Change in placement
- ☐ Educational Setting
- ☐ Identification

The following people will be involved with the meeting:

| Name | Position | Name | Position |
|-----------------------|----------------|------|----------|
| <u>Ludon Lisesti</u> | <u>Speech</u> | | |
| <u>Kelly Smith</u> | <u>Teacher</u> | | |
| <u>Mark Robertson</u> | <u>AP</u> | | |
| | | | |
| | | | |

The meeting is scheduled for (date) January 21, at (time) 7:45am, (place) Tryon Hills. If this time is inconvenient, I will be happy to reschedule the meeting.
Please call (phone) 343-5511.

Sincerely,

Mark Robertson
School-Based Committee Chairperson
Tryon Hills
School

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- ☐ I will be present for the Conference.
- ☐ I cannot meet at this time, I will contact the school in order to arrange another time.
- ☐ I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature _____

Date _____

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

2nd Notice 1/1/92 (Date) Type of Notice _____

3rd Notice 1/1/92 (Date) Type of Notice _____

(Date Received: 1/1/92)

000100

259

*Note: Retain a copy in child's folder.

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

DEC 5/8CA
11/91
(Part 1)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Kousoul (John) Chanthakornmane
Grade 5th School Tryon Hills Elementary

B. Date of Beginning and Duration of Special Education and Related Services

From: 5 (month) 29 (day) 92 (year)
To: 5 (month) 29 (day) 93 (year)

A. Present Level(s) of Performance
(Summarize evaluation results including strengths and needs or behavioral weaknesses):

Mild bilateral sensori-neural hearing
loss of moderate to severe loss in high
frequencies

C. *Annual Goal(s) With appropriate and functional
amplification, Kousoul (John) will
develop passing course skills through
consultation and collaboration by the
Teacher of the Hearing Impaired, Audiologist
and Speech/Language Clinician.

D.

| Short-Term Instructional Objectives in Measurable Terms | Evaluation Procedures (How) | Evaluation Schedule (When) | Date Attained (must be completed for each objective) |
|--|---|--|--|
| <u>Kousoul (John) will</u> <u>1) wear appropriate and</u> <u>functional amplification</u> <u>2) have an annual audio-</u> <u>logical evaluation + cognitive</u> <u>testing</u> <u>3) pass grade level</u> <u>courses with</u> <u>a. HI teacher assistance in</u> <u>individualization of curriculum</u> <u>as needed</u> <u>b. HI teacher instruction in</u> <u>strategies for HI students in</u> <u>regular classes.</u> | <u>Teacher observation</u> <u>School audiologist</u> <u>test + SES w/ 2nd only</u> <u>quarterly report</u> <u>Data sheet attached</u> <u>Checklist for progress</u> <u>reports</u> | <u>Nov. Jan. Mar.</u> <u>Nov. Jan. Mar.</u> | <u>6-4-93</u> <u>continue</u> <u>10-13-92</u> <u>6-4-93</u> |

*There must be short-term instructional objectives for each annual goal(s).

Use one sheet for each annual goal.

White: Cumulative Folder Yellow: Teacher Pink: Parent

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

DEC 5/14
11/91
(Part 1)

000102

Student: Fousoul Chorthakummane

B. Date of Beginning and Duration of Special Education and Related Services

Grade 5 School Tryon Hills

From: 5 29 92
(month) (day) (year)

To: 5 29 93
(month) (day) (year)

A. Present Level(s) of Performance
(Summarize evaluation results including strengths and needs or behavioral weaknesses):

John exhibits a mild to moderate hearing impairment with significant understanding. Hearing aids are worn. Educational testing had indicated ability to function at grade level. John continues to have difficulty in classroom academics.

*Annual Goal(s) Be increasing reception of auditory information and improve classroom performance.

| Short-Term Instructional Objectives in Measurable Terms | Evaluation Procedures (How) | Evaluation Schedule (When) | Date Attained (must be completed for each objective) |
|---|--------------------------------|--|---|
| John will improve the understanding of noise rate in classroom by using the following strategies: 1 - avoid himself near teacher/speakers 2 - avoid seating near noise 3 - wear functional hearing aids 4 - verify instructions via buddy system by buddy to be assigned by teacher | | Sept. 92 Oct. 92 End of IEP year 93 Nov. 92 | |
| John will improve his fingerpointing skills by using visual cues/skills. 1 - watch gestures face 2 - sit in clear line of vision | | Dec. 92 Feb. 93 | |

3 - review assignments written on board/handouts or buddy's notes

Use one sheet for each annual goal.

May 93 White: Cumulative Folder

Yellow: Teacher

Pink: Parent

Charlotte-Mecklenburg
Local School Administrative UnitDEC/Due Process
12/91

INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

| | |
|--|--|
| <input type="checkbox"/> Initial Placement | <input type="checkbox"/> Change in Placement |
| <input checked="" type="checkbox"/> Review | <input type="checkbox"/> Exit from Program |
| <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Other: |

Dear Phong Charthakoummane :

Re: Kousoul "John" Charthakoummane (Student's Name)

Date Sent 5/22/92

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- ☐ Ways to meet the educational needs of your child
- ☐ Evaluation results
- ☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- ☐ Change in placement
 - ☐ Educational Setting
 - ☐ Identification

The following people will be involved with the meeting:

| Name | Position | Name | Position |
|------------------------------|--------------------|------|----------|
| <u>Julius Davis-Risinski</u> | <u>SIP</u> | | |
| <u>Julie Steiner</u> | <u>CIS</u> | | |
| <u>Betty Smith</u> | <u>teacher</u> | | |
| <u>Quinda Cure</u> | <u>CC Resource</u> | | |

The meeting is scheduled for (date) May 29, at (time) anytime 8³⁰-2⁴⁵, (place) Troy Hills.
If this time is inconvenient, I will be happy to reschedule the meeting.
Please call (phone) 343-5510.

Sincerely,

Mark Robertson
School-Based Committee Chairperson
Troy Hills
School

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- ☒ I will be present for the Conference.
☐ I cannot meet at this time, I will contact the school in order to arrange another time.
☐ I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature Phong Charthakoummane
Date 5-29-92

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

2nd Notice / / (Date) Type of Notice (Date Received: 5/29/92)3rd Notice / / (Date) Type of Notice

*Note: Retain a copy in child's folder.

White: EC Folder Yellow: Teacher Pink: Parent

000103

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CHARLOTTE-MECKLENBURG
Local School Administrative Unit

DEC 5/HCA
11/91
(Part 2)

INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kousaul Chanthakoummene "John"
School: Tryon Hills

Check Purpose:

☐ Initial Entry ☐ Change in Placement
☒ Annual Review ☐ Other: _____
☐ Reevaluation ☐ Other: _____

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)*

- ☐ Academically Gifted ☐ Other Health Impaired
☐ Autistic ☐ Specific Learning Disabled
☐ Behaviorally-Emotionally Handicapped ☐ Speech-Language Impaired
☐ Deaf-Blind ☐ Traumatic Brain Injured
☒ Hearing Impaired ☐ Visually Impaired
☐ Mentally Handicapped
☐ EMH ☐ S/PMH ☐ TMH
☐ Multihandicapped
☐ Orthopedically Impaired

II. RELATED SERVICES

- ☐ Audiology
☐ Counseling Services
☐ Occupational Therapy
☐ Physical Therapy
☒ Speech-Language
☐ Transportation
☐ Other: _____

☒ None

*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

A. Amount of Time in Exceptional Education:

| Type of Service | Sessions Per Wk./Mo./Yr. | Min. Per Session | Hours Per Wk. |
|--------------------------|-----------------------------|---------------------|------------------|
| Consultation | <u>12x per year</u> | <u>30 min</u> | _____ |
| Direct Special Education | _____ | _____ | _____ |
| Related Services | _____ | _____ | _____ |
| <u>Speech Language</u> | <u>2x per wk</u> | <u>25</u> | <u>50 min</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for options rejected and the decision reached. A continuum of services must be considered.

- ☒ Regular - Less than 21% of day (up to 1 hr., 15 min.) ☐ Private Separate School - 100%
☒ Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.) ☐ Public Residential - 100%
☐ Separate - 61% or more of day (more than 3 hrs. 30 min.) ☐ Private Residential - 100%
☐ Public Separate School - 100% ☐ Home/Hospital - 100%

Preschool

- ☐ Regular* - Up to 6 hours per week ☐ Private Separate School - 100%
☐ Resource* - 6 to 18 hours per week ☐ Public Residential - 100%
☐ Separate* - more than 18 hours per week ☐ Private Residential - 100%
☐ Public Separate School - 100% ☐ Home/Hospital - 100%
☐ Home/Family - minimum 1 hour per week

*Applicable only in a classroom setting

Agency: Check where the student is receiving special services.

- ☒ 1. LEA/School in Attendance Area ☐ 3. Another LEA
☐ 2. LEA/School Not in Attendance Area ☐ 4. Other _____

Reason(s) for options rejected John's hearing impairment continues to be a problem in the classroom. He doesn't require a more restrictive placement.

Reason(s) for decision reached John needs to continue in direct services as Math is an area of weakness and language continues to be difficult.

000104

CHARLOTTE-MECKLENBURG

DEC 5/HCA

11/01

Local School Administrative Unit

(Part 2 continued)

C. Regular Program Participation: Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided:

| | | | |
|--------------|----------------------|--------------|-------------|
| b, k Reading | b, k Language Arts | k Library | For. Lang |
| b, k English | b, k Spelling | Chapter I | Remediation |
| b, k Math | b, k Social Studies | Homeroom | |
| b, k Health | Economics | k Lunch | |
| b, k Writing | k Physical Education | k Assemblies | |
| History | k Music/Art | k Recess | |
| b, k Science | Vocational | Other | |

Appropriate Classroom Modification(s), if any:

- | | |
|------------------------------------|---------------------------------------|
| a. Grading | h. Audio Tapes |
| b. Peer Tutoring | i. Tape Recorder |
| c. Oral Test | j. Interpreter |
| d. Abbreviated Assignments | k. Auditory Trainer |
| e. Alternative Materials | l. Assistive Devices |
| f. Extended Test Time (Tchr. Test) | m. Computer/Typewriter/Word Processor |
| g. Large Print Books | n. Other |

For preschool children describe how the child is involved in a regular program: _____

IV. INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER:*

N/A

*Vocational evaluation is needed? ☐ Yes ☒ No

V. TRANSITION PLAN IN EFFECT FOR STUDENTS 16 YEARS AND OLDER? ☐ Yes ☒ No

VI. N.C. TESTING PROGRAM: Modifications Needed ☐ Yes (See part III on back) ☒ No

VII. IS ADAPTED PHYSICAL EDUCATION REQUIRED? ☐ Yes ☒ No

VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the IEP:

| Signatures | Position | Date |
|-------------------------------|--------------------|---------|
| <i>Barbara D. Euse</i> | LEA Representative | 5-29-92 |
| <i>Phoné, C. Spantakou</i> | Student's Teacher | 5-29-92 |
| <i>Jelly Smith</i> | Parent | 5-29-92 |
| <i>Andrea Davis-Lynch SLP</i> | EC Teacher | 5-29-92 |

IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the addendum:

| Signatures | Position | Date |
|------------|--------------------|------|
| _____ | LEA Representative | |
| _____ | Student's Teacher | |
| _____ | Parent | |
| _____ | EC Teacher | |

000105

White: Cumulative Folder

Yellow: Teacher

Pink: Parent

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6183.10
9/89

STUDENT SERVICES SUMMARY

STUDENT'S NAME John Chanthakoummane SEX M RACE A
 GRADE 5 TEACHER K. Smith
 SCHOOL Jaym Hill SCHOOL YEAR 1991-92
 SEMESTER (1) or 2

NATURE OF CONCERNS:

☐ ACADEMIC
☐ ATTENDANCE
☐ BEHAVIOR

☒ PERSONAL
☒ OTHER

PRIMARY SERVICES PROVIDED AND DATES OF CONTACT:
 (Please Check)

☒ INDIVIDUAL COUNSELING _____
☐ GROUP COUNSELING _____
☐ TEACHER CONSULTATION _____
☐ PARENT CONSULTATION _____
☐ AGENCY CONSULTATION _____
☐ BEHAVIOR MANAGEMENT _____
☐ OTHER (Please Specify) _____

PLEASE INDICATE MOST EFFECTIVE STRATEGY OR TECHNIQUE USED:

John has just received hearing aids for both ears. The SSC recommended indiv. Counseling to help him adjust and deal with issues around the area. There are also some family concerns.

DISPOSITION:

☒ ON-GOING
☐ CLOSED
☐ REFERRED TO CMS PROGRAM
☐ REFERRED TO OUTSIDE AGENCY
☐ STUDENT SERVICES FOLLOW-UP RECOMMENDED

July Smith
 SERVICE PROVIDER

2-3-92
 DATE

White: Cumulative Folder
 Yellow: Specialist for Area Student Services
 Pink: Service Provider

000106

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FOR MEDICAL REFERRALS PLEASE HAVE PHYSICIAN FILL OUT REVERSE SIDE OF THIS FORM AND RETURN TO AUDIOLOGIST

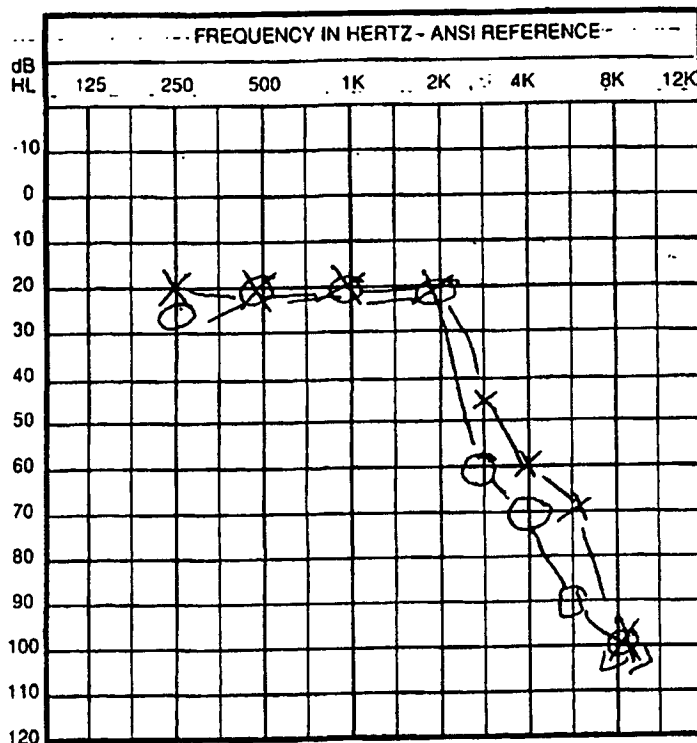
6164.56

CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION Program for the Hearing Impaired/Hearing Conservation Program

Name: Chantha Kommanee, Kasoul "John" ID #: 0024730 Date of Test: 5-20-92
 School: Tryon Hills Grade: 5 Teacher: _____ DOB: 10/1/80
 Parents/Guardian: Kommanee + Phongsavut Phone (H): 393-5366 (W): _____
 Address: 2530 Fort Street City: Ch Zip: 28205
 Sex: (M) F Race: W B (A) Other: _____ Referred by: _____
 Parent Permission: _____ Screening: _____ Known Case: ✓

Reliability: (Good) Fair Poor Inconsistent
 Validity: (Acceptable) Questionable

Audiogram

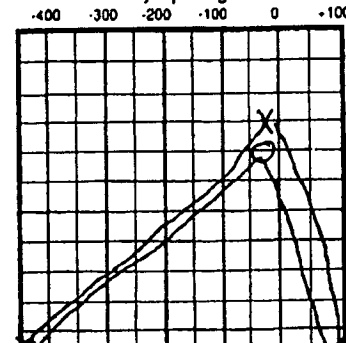


Speech Audiometry

| | SAT/SRT | SD | @dB | SD Noise | @dB | S/N |
|-------|------------|----|-----|----------|-----|-----|
| Right | | % | | % | | |
| Left | | % | | % | | |
| Field | <u>84%</u> | | | % | | |
| Aided | <u>92%</u> | | | % | | |
| FM | | % | | % | | |

List _____ Live ✓ Tape _____
 HA _____ R _____ L _____

Tympanogram



Volume (cc)

| | |
|---|------------|
| R | <u>1.5</u> |
| L | <u>1.5</u> |

Compliance

| | |
|---|------------|
| R | <u>0.6</u> |
| L | <u>0.7</u> |

Pressure (mm water)

| | |
|---|------------|
| R | <u>-25</u> |
| L | <u>-18</u> |

Otoscopic: Tms red and Scanned - some effusion

Comments: Starkey ITEs (B) set up

Tymp Type:

R: A L: A

Tubes:

R: _____ L: _____

Acoustic Reflexes (Ipsi Contra)

| | 500 | 1K | 2K | 4K |
|---|-----|----|----|----|
| R | | | | |
| L | | | | |

Recommendations:

Annual Retest Medical Referral HAE HA Repair Earmolds Certification Continue FM

Results:

R: Conductive Sensorineural Mixed Normal Mild Moderate Severe Profound Flat / Slope Stable
 L: Conductive Sensorineural Mixed Normal Mild Moderate Severe Profound Flat / Slope Stable

Maria Sloan - Clerk, MS, CC-A
 Audiologist

Legend

| | AIR | Masked | Bone | Masked |
|------------|-----|--------|------|--------|
| RIGHT | 0 | Δ | < | |
| LEFT | X | □ | > | |
| Soundfield | Air | HA | FM | |
| | S | A | T | |

CNT- Couldn't Test
 DNT - Didn't Test
 ↓/NR - No Response

*PHYSICIAN, PLEASE FILL OUT SUMMARY ON REVERSE SIDE

WHITE: CUMULATIVE

YELLOW: PARENT

PINK: NURSE

000107

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Hearing Impaired Student Checklist
 Exceptional Children
 Charlotte-Mecklenburg Schools

1/92
 6164.95

INITIAL EVALUATION: REQUIRED COMPONENTS

Exceptional Children Referral
 Prior Notice & Parent/Guardian
 Consent for Evaluation
 Due Process Parent Handbook
 Vision Screening
 Audiological
 Otological (Physician's Report)
 Education Evaluation
 Speech/Language Evaluation
 Summary of Evaluation Results
 Invitation to Conference
 Individualized Education Program
 Recommendation/Approval for Placement
 Prior Notice/Consent for Initial Placement
 Exceptional Children Database Update

DEC 1 _____
 DEC 2 _____
 No Number _____
 6164.12 _____
 6164.56 _____
 6164.41 _____
 6164.62 _____
 DEC 3 _____
 No Number _____
 DEC 5 _____
 DEC 6 _____
 DEC 7 _____
 6164.99 _____

REEVALUATION: REQUIRED COMPONENTS

Exceptional Children Referral ?
 Prior Notice & Parent/Guardian
 Consent for Evaluation
 Prior Notice for Reevaluation ?
 Due Process Parent Handbook
 Speech/Language Screening ?
 Vision Screening ?
 Audiological Evaluation
 Otological (When Appropriate Physician's Report)
 Educational Evaluation
 Summary of Evaluation Results
 Invitation to Conference
 Individualized Education Program
 Recommendation/Approval for Placement
 Prior Notice/Consent
 for Initial Placement
 Exceptional Children Database Update

DEC 1 _____
 Copy of Orig. 10-6-87 (sent)
 DEC 8 _____
 No Number _____
 6164.60 _____
 6164.12 _____
 6164.56 10-13-92
5-30-91 Kenneth W. Compton
 6164.41 4-21-93
 DEC 3 5-26-93
 No Number 5-18-93
 DEC 5 5-26-93
 DEC 6 ?
 Copy of Orig. 2-20-91
 6164.99 _____

1992-93 6th Teyon Hills Crystal Tuck
Shamrock - Summer
2530 Fort St.

Psychological

Counseling Youth Services Bureau -
Todd Dorsey
Guidance?

DEC 1
12/91Charlotte-Mecklenburg
Local School Administrative Unit**Exceptional Children Referral**

Student: Kousoul Charthakoummene School: Tryon Hills
 Sex: M Race: Grade: 6 Parent/Guardian: Konash & Thongseavout
 Date of Birth: 10-1-80 Age: 12 Address: 2530 Fort St.
 I.D.# Optional: 0024730 Telephone: 393-5366

I. REASONS FOR REFERRAL: Check each reason for referring this student.

- | | |
|--|--|
| 1. <input type="checkbox"/> outstanding academic performance | 7. <input type="checkbox"/> speech/language problems |
| 2. <input type="checkbox"/> deficient in learning skills | 8. <input type="checkbox"/> hearing problems |
| 3. <input type="checkbox"/> low academic performance | 9. <input type="checkbox"/> physical problems |
| 4. <input type="checkbox"/> behavioral-emotional problems | 10. <input type="checkbox"/> RE 1/RE 2 attached/Pre Referral |
| 5. <input type="checkbox"/> outstanding academic potential | 11. <input type="checkbox"/> Parent Referral |
| 6. <input type="checkbox"/> visual problems | 12. <input checked="" type="checkbox"/> Other: <u>Re-Eval.</u> |

II. DESCRIPTION OF REFERRED STUDENT: Check each statement which describes the student.**POSITIVE BEHAVIORS/STRENGTHS****Academics/Behavior****Communication Skills**

- | | | |
|---|--|---|
| <input type="checkbox"/> Works well independently | <input type="checkbox"/> Skilled in divergent thinking | <input type="checkbox"/> Proficient in verbal skills |
| <input checked="" type="checkbox"/> Creative | <input type="checkbox"/> Accepts suggestions | <input type="checkbox"/> Proficient in language mechanics |
| <input type="checkbox"/> Displays leadership ability | <input type="checkbox"/> Appears self-confident | <input type="checkbox"/> Effective group participant |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Concentrates for long periods | <input type="checkbox"/> Writes in concise & clear style |
| <input checked="" type="checkbox"/> Reads at or above grade level | <input type="checkbox"/> Mathematics at or above grade level | <input type="checkbox"/> Communicates well in groups |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Frequently contributes to class | <input type="checkbox"/> Expresses thoughts well |
| <input type="checkbox"/> Follows instructions easily | <input type="checkbox"/> Achieves at or above grade level | <input type="checkbox"/> Articulation above age level |
| <input checked="" type="checkbox"/> Cooperative | <input type="checkbox"/> in other content areas | <input type="checkbox"/> Speech flows smoothly |
| <input checked="" type="checkbox"/> Attention to exactness & detail | <input type="checkbox"/> Popular with classmates | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Shows good sportsmanship | <input type="checkbox"/> Happy, easy-going | _____ |
| <input type="checkbox"/> Interested | <input type="checkbox"/> Exceptional ability to recall facts | _____ |
| <input type="checkbox"/> Highly competent in vocabulary usage | <input checked="" type="checkbox"/> Receives majority marks of A & B | _____ |
| <input type="checkbox"/> Completes tasks assigned | <input type="checkbox"/> Courteous | _____ |
| <input type="checkbox"/> Keen insight in problem solving | <input type="checkbox"/> Does assignments promptly | _____ |
| | <input type="checkbox"/> Other (specify): _____ | _____ |

NEGATIVE BEHAVIORS/WEAKNESSES**Academics/Behavior**

- | | | |
|--|--|--|
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Difficulty remembering facts | <input checked="" type="checkbox"/> Deficient in vocabulary |
| <input type="checkbox"/> Deficient in comprehension | <input checked="" type="checkbox"/> Deficient in mathematical operations | <input checked="" type="checkbox"/> Difficulty solving word problems |
| <input type="checkbox"/> Reads below grade level | <input type="checkbox"/> Achieves below grade level in other content areas | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Poor memory | <input type="checkbox"/> Talks excessively | <input type="checkbox"/> Poor handwriting |
| <input type="checkbox"/> Frequent reversals of letters and numbers | <input type="checkbox"/> Disorganized work habits | <input type="checkbox"/> Requires constant supervision |
| <input type="checkbox"/> Poor self-concept | <input type="checkbox"/> Talks about morbid themes | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Fights and/or bites | <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Talks about hurting or killing self |
| <input checked="" type="checkbox"/> Makes excuses | <input type="checkbox"/> Provokes/aggravates others | <input type="checkbox"/> Excessive daydreaming |
| <input checked="" type="checkbox"/> Lies | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Oversensitive | <input type="checkbox"/> Appears depressed | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Cries easily | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Consistent inappropriate emotional responses | <input type="checkbox"/> Defiant/hostile |
| <input type="checkbox"/> Ritualistic behaviors-rocking, pacing, etc. | <input type="checkbox"/> Blames others | <input type="checkbox"/> Self-abusive behaviors |
| <input type="checkbox"/> Immature behaviors | <input type="checkbox"/> Abandons difficult tasks | <input type="checkbox"/> Poor peer relations |
| | | <input type="checkbox"/> Irritable or moody |
| | | <input type="checkbox"/> Other (specify): _____ |

(Continued)

White: EC Folder Yellow: Teacher Pink: Parent

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DEC 1, Cont'd

Communications Skills

- ☐ Difficulty using and understanding language
- ☐ Unable to communicate basic needs and wants
- ☐ Indistinct articulation-speech sounds omitted, substituted, distorted
- ☐ Voice problems
- ☐ Nonverbal
- ☐ Slow, labored speech
- ☐ Reluctant to communicate in groups
- ☐ Difficulty with written expression
- ☐ Cannot understand spoken language
- ☐ Difficulty in oral expression
- ☐ Speaks haltingly or stutters
- ☐ Other (specify): _____

Physical

- ☐ Physical complaints
- ☐ Bites nails
- ☐ Involuntary muscle spasms
- ☐ Lacks age-appropriate self-care
- ☐ Seizures
- ☐ Lack of physical mobility
- ☐ Poor gross motor skills
- ☐ Lacks fine motor coordination
- ☐ Difficulty copying - paper or board
- ☐ Chronic allergic conditions
- ☐ Impaired hearing
- ☐ Impaired vision
- ☐ Poor physical fitness
- ☐ Lethargic - tired and listless
- ☐ Overweight/underweight (circle)
- ☐ Asthma/epilepsy (circle)
- ☐ Wets or soils clothes
- ☐ Frequently gets hurt
- ☐ Currently takes medication
- ☐ Other (specify): _____

Referring Person and Position:

Lulu Davis-Lisdi SH***FOR SCHOOL-BASED COMMITTEE USE AND PRESCHOOL TRANSITION/PLACEMENT COMMITTEE USE ONLY**Date Received by School-Based Committee: 3/26/93

Check Appropriately:

- ☐ No Referral for Evaluation
- ☐ Obtain Parental Permission for Evaluation (DEC 2)
- ☒ Additional Information Needed (see below)

Comments (if any): send DEC 8

School-Based Committee Signatures:

Preschool Transition/Placement Committee Signatures

| Name | Position |
|-----------------------------|----------------------------|
| <u>[Signature]</u> | <u>AP</u> |
| <u>Cynthia W. Miller</u> | <u>SSS</u> |
| <u>Honda J. [Signature]</u> | <u>CC Resource Teacher</u> |
| <u>Lulu Davis-Lisdi</u> | <u>SH</u> |

000111

PSYCHOLOGICAL REPORT

| | |
|-------------------------------|--|
| NAME: Kousoul Chanthakaumonne | AGE: 12yrs. 6 mos. |
| SCHOOL: Tryon Hills | GRADE/PLACEMENT: 6th Hearing Impaired |
| DOB: 10/1/80 | RACE/SEX: Asian/Male |
| REFERRED BY: SBC | Report Date: 5/26/93 |
| EXAMINER: C. Mobley | GRADE REPEATED: none |

EVALUATION COMPONENTS:

Cognitive Psychomotor

REASON FOR REFERRAL:

Kousoul was initially certified as Hearing Impaired (with speech as a related service) in March of 1991. His disability was substantiated as a sensorineural hearing loss that would benefit from amplification (noted in medical records). The School Based Committee recommended, following Kousoul's receiving hearing aids, that his poor academic performance be monitored during the Spring of 1992. Despite Kousoul's use of the hearing aids, however, his academic performance remains problematic. In addition to Kousoul's hearing loss, there is substantiated familial dysfunction and that frequently resulted in his experiencing emotional difficulties. His present teacher stated that his motivation level is largely dependent on the amount of individual attention he receives. He has successfully completed grade level assignments (following individual instruction and follow-up by the Assistant), and at other times, he completed no assignments and exhibited little effort. Kousoul received counseling services from the school and from Youth Services Bureau (Todd Dorsey).

PROCEDURES ADMINISTERED:

| | |
|--|---------|
| Wechsler Intelligence Scale For Children- III | 4/22/93 |
| Developmental Test of Visual Motor Integration | 4/22/93 |
| Test of Nonverbal Intelligence-2 | 4/23/93 |

DATA REVIEWED:

| | |
|---------------------------------------|---------|
| Woodcock-Johnson Tests of Achievement | 4/21/93 |
| School Records | |
| Student Interview | |

EVALUATION DATA:

(All instruments have a mean of 100 and SD of 15 unless otherwise stated)

COGNITIVE ASSESSMENT:**Wechsler Intelligence Scale For Children -III**

| | <u>IQ/Index</u> | <u>Confidence level</u> |
|-------------|-----------------|-------------------------|
| Verbal | 88 | 83-94 |
| Performance | 107 | 100-113 |
| Full Scale | 96 | 91-101 |
| VC | 85 | 80-92 |
| PO | 110 | 102-116 |
| FD | 98 | 91-106 |
| PS | 117 | 106-123 |

| <u>Verbal</u> | | <u>Performance</u> | |
|---------------|----|---------------------|----|
| Information | 7 | Picture Completion | 9 |
| Similarities | 9 | Coding | 9 |
| Arithmetic | 10 | Picture Arrangement | 9 |
| Vocabulary | 6 | Block Design | 13 |
| Comprehension | 7 | Object Assembly | 15 |
| Digit Span | 9 | Symbol Search | 17 |

PSYCHOMOTOR ASSESSMENT:

VMI: visual-motor age - 14 yrs. 6mos.

EDUCATIONAL ASSESSMENT:**Woodcock-Johnson Tests of Achievement**

| | <u>Grade</u> | <u>Standard Score</u> |
|-----------------|--------------|-----------------------|
| Reading | 5.7 | 94 |
| Mathematics | 5.5 | 89 |
| Written Lang. | 5.8 | 93 |
| Broad Knowledge | 4.7 | 88 |
| Skills | 5.6 | 92 |

DISCUSSION/RECOMMENDATIONS:

Kousoul initially related to this examiner in a guarded manner. As the testing proceeded, however, and he experienced more success and praise of his performance, his conversation became spontaneous and he was noticeably more relaxed. Kousoul's overall level of school learning ability presently falls into the average range, according to the WISC-III. The Performance subscale additionally fell in

this range, while the Verbal subscale fell in the low-average range.

On the Verbal subtests, Kousoul scored in the average range on measures of his verbal abstract reasoning, his ability to compute math problems orally, and his short term memory and concentration skills. Measures of his general store of information, his expressive vocabulary, and his common sense reasoning skills fell in the low-average range.

On the Performance subtests, Kousoul scored in the very superior range on a measure of his visual discrimination and perceptual speed skills. He further scored in the superior range on a measure of his simple assembly skills and his ability to perceive spatial relationships. Kousoul's ability to perceive and reproduce complex geometric designs received a score in the high-average range. Lastly, the remaining measures, his ability to attend to fine detail, his visual-motor dexterity skills, and his visual sequencing skills all fell into the average range.

It is very apparent that Kousoul's perceptual-motor skills are strongly developed. Further evidence of this strength was substantiated by his VMI age score of 14 yrs. 6mos., two years beyond his chronological age. Kousoul's average range nonverbal IQ on the Toni again addresses his learning strengths in nonverbal abilities.

The achievement testing revealed Kousoul's academic performance to fall approximately a year below grade level. His hearing aids have not been worn consistently in the school setting and his home situation has been problematic for several years. Hence, possible factors contributing to his lower school performance are difficult to determine at present.

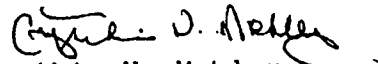
In summary, Kousoul's present level of school learning ability falls within the average range, according to the WISC-III. While his Verbal subscale was somewhat lower, he scored in the average range on the Verbal measure most indicative of higher intelligence (verbal abstract reasoning). Scores obtained by Kousoul on the Performance subtests clearly reflected his learning strengths, particularly in perceptual-motor development. The following recommendations are presented to the School Based Committee for consideration:

a) Kousoul's Hearing Impaired certification will allow him to receive instruction in a resource setting, as his academic performance falls approximately one or more years below grade level.

b) Kousoul would benefit from continued counseling services. According to present teacher, his motivation level is a significant factor in his classroom performance.

c) Kousoul's very strongly developed perceptual-motor skills should be addressed through specialized educational planning. He would greatly benefit from exposure to enrichment activities in the areas of art, design, construction, assembly, and other related areas.

Submitted by,



Cynthia N. Mobley
Student Services Specialist

Charlotte-Mecklenburg
Local School Administrative UnitDEC 31/91
12/91

SUMMARY OF EVALUATION RESULTS

Student: Kasim Charlotte-Mecklenburg Grade: 4th Check Purpose
 School: Dynex Hills ☐ Initial
☒ Reevaluation
☒ Other: Exit Sp/Lang

DATE SCREENING INFORMATION RESULTS (if fail, must include results)

1/1 Vision Screening Pass/Fail Far R20/ L 20/ Near R20/ L20/ (LD only)

1/1 Hearing Screening Pass/Fail dB (Intensity level) Hz (Frequencies)

1/1 Speech/Language Screening

4/22/93 Motor Screening VM - High Average 14yr. Low

1/1 Health Screening

1/1 Other:

DATE EVALUATION INFORMATION

4/21/93 Educational Evaluation Test/Assessment: Woodcock-Johnson
 Results: Reading Average High Low Average Word Average

4/22/93 Psychological Evaluation Test: WTSC-II
 Results: Verbal Low Average Performance Average
Full Scale Average

1/1 Behavioral-Emotional Evaluation Test:
 Results:

4/24/93 Cognitive Evaluation Test: TONE
 Results: Low Average Range

1/1 Speech-Language Evaluation Test:
 Results:

Adaptive-Behavior Evaluation Test:
 Results:

5/30/91 Medical Evaluation/Health Evaluation Test: Otolaryngological - Kenneth W. Compton, M.D.
 Results: confirmed sensorineural hearing loss

1/1 Developmental Evaluation Assessment:
 Results:

10/13/92 Other: audiological Test/Assessment: Sound body testing -
 Results: Mild to severe bilateral high frequency hearing loss - Marti Sloan-Clontz - School Audiologist

SUMMARY OF EVALUATION RESULTS/PRESENT LEVEL OF PERFORMANCE

Strengths: Parental motor skills. manual dexterity skills

Needs: verbal communication skills. (expanding vocabulary)

Actual copies of evaluation reports must be placed in child's folder.

Parent Copy sent/given

5/26/93

White: EC Folder

Yellow: Parent's copy

000116

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 6/10/93

RECOMMENDATION/APPROVAL FOR PLACEMENT

School: Dayton Hills
Student: Kasouk Chanthakummane ID#: 0024730
Address: 2530 Fort St. Phone: _____
Date of Birth: 10-1-80 Age: _____ Sex: M Race: A Grade: 6
Name of Parent/Guardian: Kamenh Chanthakummane
Check Purpose: ☒ Initial Placement ☒ Reevaluation ☒ Change in Placement/Setting
☐ Other: _____

School-Based Committee/Preschool Transition/Placement Committee

Date 5/26/93

We have reviewed all the required documentation including the IEP and

- ☒ (a) do not recommend placement in the _____ program,
☒ (b) recommend continued placement, in the Hearing Impaired program,
☐ (c) recommend a change in placement/setting to _____, or
☐ (d) recommend exit from the _____ program.
☒ (e) recommend exit from Speech Language related service.
recommend addition of _____ related service.

Comments _____

| Signature | Position |
|------------------------------|-------------------------------------|
| <u>Nanda Singh</u> | <u>CC Resource Teacher</u> |
| <u>Crystal Tuck</u> | <u>Teacher</u> |
| <u>Lubian Davis-Lisinski</u> | <u>SLP - Compliance Facilitator</u> |
| <u>Suki Blonstein</u> | <u>Elem. Coordinator</u> |
| <u>Charles N. Miller</u> | |
| <u>Maudie P. Cantrell</u> | <u>Teacher of HI</u> |

APC Rep., if combined
☒ approval ☐ disapproval

Administrative Placement Committee

Date 1/1

We have reviewed all required documentation including the IEP, and the recommendation of the School-Based Committee.

☐ Approval ☐ Disapproval ☐ Reconvene Committee ☐ Other

Reason(s): _____

| Signature | Position |
|-----------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

000117

White: EC folder Yellow: APC

276

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 8/HCA
12/91

PRIOR NOTICE FOR REEVALUATION

Student: Kousoul Chanthakoummane
School: Tryon Hills
Dear Mr. & Mrs. Chanthakoummane:

Date Sent: 3, 26, 93

Reevaluation of handicapped students must be completed every three years in order to determine whether or not a student continues to need a special education program. Reevaluation of AG students must be completed within three years of initial evaluation for a student who was identified prior to the second semester of the third grade. An AG student may also be reevaluated when performance indicates a need for such and/or when the program changes. The proposed reevaluations by qualified personnel will include the use of one or more tests to help determine his/her strengths and weaknesses. The test data and screenings described below may be needed:

AREA

INFORMATION

Physical Health
Educational

Psychological

Social Appraisal
Communication Skills

Intellectual

Other:
Developmental (Preschool only)

Vision, hearing, motor, medical screening/evaluation
Reading, mathematics and other subjects -
group/individual assessments, achievement tests; observation
Mental ability, emotional development, perceptual
developmental, and adaptive behavior screening/evaluation
Social, personal, behavioral and developmental history
Understanding and using spoken language -
screening/evaluation
Group or individual intelligence tests
Cognitive, fine motor, gross motor, self-help skills

A summary of the evaluations will be shared with you, and you are entitled to all the due process rights in the Handbook of Parents' Rights a copy/summary of which is attached. If you have any questions, please contact:

Cynthia Mobley at Tryon Hills
(Name) (School)
343-5510
(Phone)

Note: A copy must be retained in the child's folder.

White: EC Folder Yellow: Parent

000118

Charlotte-Mecklenburg Schools
Exceptional Children
SPEECH/LANGUAGE DIAGNOSTIC SUMMARY

Student Kousoul Chanthatoummane
School Lynn Hills

Evaluator L. Davis-Jesicki
Date April 1993

Articulation

School Weighted Articulation Test:

Other Test Scores:

Oral Peripheral Examination

Implications of Error Analysis

Mild articulation difference - typical of a moderate to severe sensorineural hearing loss. Errors occur on high frequency sounds - but do not appear to directly & severely affect speech.

Fluency

Appears within normal limits

Fluency Rating Scale Score:

Other procedures and findings:

Voice

CMS Voice Rating Scale

Other procedures and findings:

Slightly raspy and hoarse at times.

6184.52
6/91**CHARLOTTE-MECKLENBURG SCHOOLS
EXCEPTIONAL CHILDREN'S PROGRAM****Report of Hearing Evaluation**NAME: Kousoul Chartha Koumagne SCHOOL: Tycon HillsYour child's hearing was tested on 10-13-92. The results are described in the sections checked below.

- ☐ Your child passed a hearing rescreening of 25dB HTL at 500, 1000, 2000, and 4000Hz bilaterally.
☐ Results indicate that your child has normal hearing at this time.
☒ There has been no significant change in hearing levels since the last test on record.
☐ A slight hearing loss was identified. At this time, the hearing loss does not warrant a medical referral, nor should it cause any communication difficulty.
☐ Needs further testing.
☐ Other _____

PLEASE NOTE THE FOLLOWING:

- ☐ Wax is noted in the right / left ear canal. You may wish to consult your physician about removal.
☐ The ventilation tube/s in the right / left ear appears to be working (tympanometry measures).
☐ The ventilation tube/s in the right / left ear does NOT appear to be working (tympanometry measures). Please contact the managing ear doctor.
☐ Another test useful in identifying middle ear problems (tympanometry) indicates pressure behind the eardrum/s. This often occurs when an ear infection is just beginning or ending, and is often associated with colds or congestion. Hearing may fluctuate with this pressure. You may wish to consult your physician.

PLEASE CALL ME AT 343-5455: Office Hours: _____

- ☐ to discuss your child's hearing test results.
☐ to schedule a hearing evaluation by the CMS Audiology Department.
☐ to schedule the annual hearing evaluation.
☐ to schedule a hearing aid and/or FM system check.
☐ if you are aware of a hearing loss and your child has been evaluated within the last year.

RECOMMENDATIONS:

- ☒ Hearing should be retested annually.
☒ Hearing aid/s should be checked daily for function and use.
☒ Classroom interventions regarding hearing loss should continue. Please review recommendations in the cumulative folder.
☒ The hearing aid dispenser should be contacted to repair or replace hearing aid R+L earmold _____ or resupply batteries _____.
☒ Please notify the audiologist of annual review and triennial certification conferences.
☒ Please refer this student to the audiologist if you suspect hearing has changed or is adversely affecting the child's education.

TESTS ADMINISTERED

| | Yes | | No | | OTHER | | Yes | | No | |
|--------------|-------------------------------------|-------------------------------------|----|---|-------|--|-----|---|----|---|
| | R | L | R | L | | | R | L | R | L |
| Otoscopy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | |
| Tympanometry | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | |
| Pure tones | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | |

Marti Sloan-Clark
AUDIOLOGIST

This report should be made available to administrators, teachers, and parents upon request. The report should then be filed in the student's cumulative folder.

If there are any changes in the preceding recommendations an amended or superseding report will be sent. Until one arrives, this report should be assumed current.

White: EC Folder

Yellow: Parent

000120

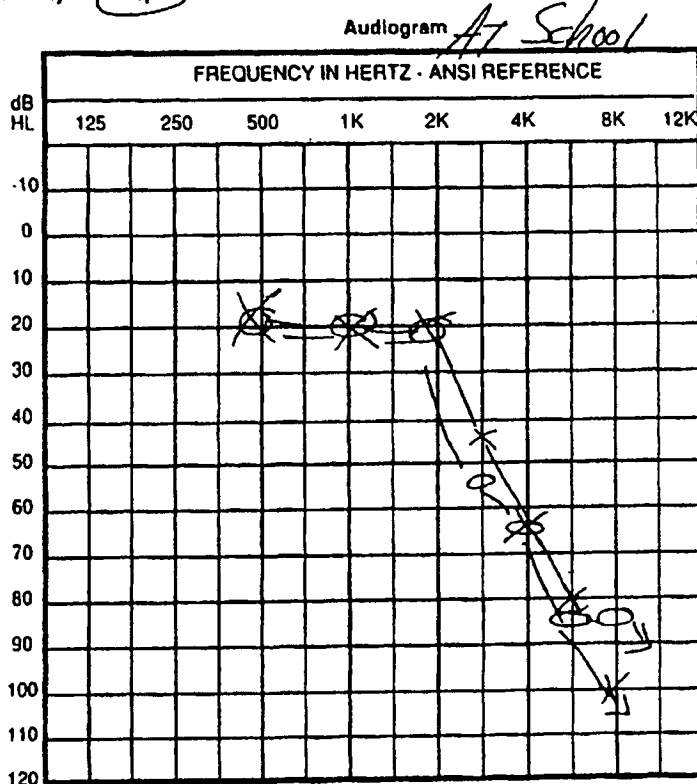
279

280

6164.56
5/90

Name: Kousoul Chontha Kouman ID #: 0024730 Date of Test: 10-13-92
 School: Tryon Hills Grade: 6 Teacher: Tuck DOB: _____
 Parents/Guardian: _____ Phone (H): _____ (W): _____
 Address: _____ City: _____ Zip: _____
 Sex: (M) F Race: W B (A) Other: _____ Referred by: _____
 Parent Permission: _____ Screening: _____ Known Case: ✓
 Reliability: Good Fair Poor Inconsistent
 Validity: Acceptable Questionable

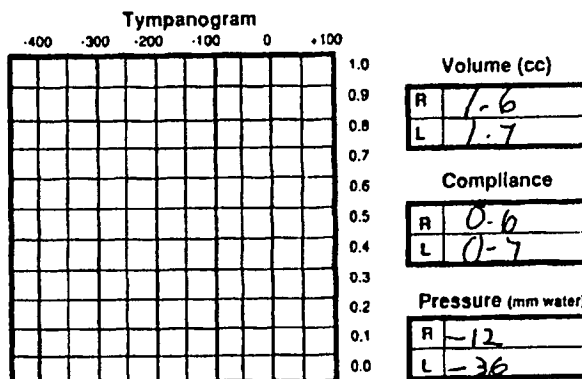
Speech Audiometry



Otoscopic: Scars (R) dark tr. (L)

Comments: _____

| | SAT/ SRT | SD | @dB | SD Noise | @dB | S/N |
|-------|-------------|----|-----|-------------|-----|-----|
| Right | | % | | % | | |
| Left | | % | | % | | |
| Field | | % | | % | | |
| Aided | | % | | % | | |
| FM | | % | | % | | |

List _____ Live _____ Tape _____
HA _____ B _____ L _____

Tympanic Type: A
 R: A L: A
 Tubes: A
 R: A L: A

| | | Acoustic Reflexes (Ipsilateral) | | | |
|---|--|---------------------------------|----|----|----|
| | | 500 | 1K | 2K | 4K |
| R | | | | | |
| L | | | | | |

Recommendations: Annual Retest Medical Referral HAE HA Repair Ear molds Certification FM

Results: R: Conductive Sensorineural Mixed Normal Mild/Moderate Severe Profound Flat / Slope Stable
L: Conductive Sensorineural Mixed Normal Mild/Moderate Severe Profound Flat / Slope Stable

Mari Sloop - Clont
Audiologist

| Legend | | | | |
|------------|-----|-----------|------|--------|
| | AIR | Masked | Bone | Masked |
| RIGHT | 0 | Δ | < | |
| LEFT | X | \square | > | |
| Soundfield | Air | HA | FM | |
| | | | | |

CNT- Couldn't Test
DNT - Didn't Test
000122
↓/NR - No Response
281

Database Update
 Exceptional Children
 Charlotte-Mecklenburg Schools

6-22-93
 Reeval Date

Check Purpose

- ☒ Initial
☒ Reevaluation
☒ Change of Setting
☐ Change of Exceptionality
☐ Related Service
☐ Change in Points

Exit (Must Explain): Speech - Language - No longer
qualifies for services in speech

ID Number 0024730 School Tryon Hills
 Student Name Rasoul Chanthakouman Date Submitted
 Evaluation Date 5-26-93 Submitted by CVAKHIE Moberg

I. Exceptionality

- ☐ Autistic (AU)
☐ Behaviorally/Emotionally Handicapped (EH)
☐ Deaf/Blind (DB)
☒ Hearing Impaired (HI)
☒ Mentally Handicapped
☐ [] EMH [] TMH [] S/P
☐ Multihandicapped (MU)
☐ Orthopedically Impaired (OI)
☐ Other Health Impaired (OH)
☐ Specific Learning Disa. (LD)
☒ *Speech-Language Impaired (SI)
☐ Traumatic Brain Injured (TBI)
☐ Visually Impaired (VI)

II. Setting

- ☒ Regular (RG)
☐ Resource (RS)
☐ Separate (SE)
☐ Public Separate School (SD)
☐ Private Separate School (SP)
☐ Public Residential Facility (PR)
☐ Private Residential Facility (VR)
☐ Home/Hospital (HH)

III. Related Services

- ☐ None
☐ Audiology
☐ Counseling Services
☐ Occupational Therapy
☐ Physical Therapy

- ☒ *Speech/Language
☐ Transportation
☐ Other:

IV. Speech/Language Information

Date: _____

Disorder:

pts. Articulation _____ pts. Language _____ Speech Score _____ pts.
 pts. Fluency _____ pts. Voice _____

White: To be picked up by Data Manager

000123
 Yellow: EC 28 Folder

Charlotte-Mecklenburg
Local School Administrative UnitDEC/Due Process
12/91

INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

| | |
|--|--|
| <input type="checkbox"/> Initial Placement | <input type="checkbox"/> Change in Placement |
| <input type="checkbox"/> Review | <input type="checkbox"/> Exit from Program |
| <input checked="" type="checkbox"/> Reevaluation | <input checked="" type="checkbox"/> Other: <u>Exit Sp/Lang</u> |

Dear Mr. C. Chakravorty :

Re: Kasaul (Student's Name)

Date Sent 5/18/93

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Kasaul's special needs.

At this meeting, we would like to discuss one or more of the following:

- ☒ Ways to meet the educational needs of your child
- ☒ Evaluation results
- ☐ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- ☐ Change in placement
 - ☐ Educational Setting
 - ☐ Identification

The following people will be involved with the meeting:

| Name | Position | Name | Position |
|------------------------|----------------------|------|----------|
| <u>Cyathia Mally</u> | <u>SSS</u> | | |
| <u>Manda C. Thrall</u> | <u>H. I. Teacher</u> | | |
| <u>C. Thrall</u> | <u>Teacher</u> | | |
| | | | |
| | | | |

The meeting is scheduled for (date) 5/26/93 at (time) 1:00 (place) Room 10
If this time is inconvenient, I will be happy to reschedule the meeting.
Please call (phone) 343-5511.

Sincerely,

[Signature]
School-Based Committee Chairperson

[Signature]
School

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- ☒ I will be present for the Conference.
☐ I cannot meet at this time, I will contact the school in order to arrange another time.
☐ I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature [Signature]Date 5-26-93

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

(Date Received: 5/26/93)2nd Notice 1/1 (Date) Type of Notice _____3rd Notice 1/1 (Date) Type of Notice _____

*Note: Retain a copy in child's folder.

White: EC Folder Yellow: Teacher Pink: Parent

000124

283

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

DEC 31/91
11/91
(Part 2)

INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kouson Chontha Koumane
School: Tryon Hills

Check Purpose:

☐ Initial Entry ☐ Change in Placement
☐ Annual Review ☒ Other: Eval
☒ Reevaluation ☒ Sp/Lang

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)*

- ☐ Academically Gifted ☐ Other Health Impaired
☐ Autistic ☐ Specific Learning Disabled
☐ Behaviorally-Emotionally Handicapped ☐ Speech-Language Impaired
☐ Deaf-Blind ☐ Traumatic Brain Injured
☒ Hearing Impaired ☐ Visually Impaired
☐ Mentally Handicapped
☐ EMH ☐ S/PMH ☐ TMH
☐ Multihandicapped
☐ Orthopedically Impaired

II. RELATED SERVICES

- ☐ Audiology
☐ Counseling Services
☐ Occupational Therapy
☐ Physical Therapy
☐ Speech-Language
☐ Transportation
☐ Other: _____

☒ None

*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

A. Amount of Time in Exceptional Education:

| Type of Service | Sessions Per Wk./Mo./Yr. | Min. Per Session | Hours Per Wk. |
|--------------------------|-----------------------------|---------------------|------------------|
| Consultation <u>HP</u> | <u>1 X per mo.</u> | <u>30</u> | <u>---</u> |
| Direct Special Education | _____ | _____ | _____ |
| Related Services | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for options rejected and the decision reached. A continuum of services must be considered.

- ☒ Regular - Less than 21% of day (up to 1 hr., 15 min.) ☐ Private Separate School - 100%
☒ Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.) ☐ Public Residential - 100%
☐ Separate - 61% or more of day (more than 3 hrs. 30 min.) ☐ Private Residential - 100%
☐ Public Separate School - 100% ☐ Home/Hospital - 100%

Preschool

- ☐ Regular* - Up to 6 hours per week ☐ Private Separate School - 100%
☐ Resource* - 6 to 18 hours per week ☐ Public Residential - 100%
☐ Separate* - more than 18 hours per week ☐ Private Residential - 100%
☐ Public Separate School - 100% ☐ Home/Hospital - 100%
☐ Home/Family - minimum 1 hour per week

*Applicable only in a classroom setting

Agency: Check where the student is receiving special services.

- ☒ 1. LEA/School in Attendance Area ☐ 3. Another LEA
☐ 2. LEA/School Not in Attendance Area ☐ 4. Other _____

Reason(s) for options rejected: John's hearing impairment continues to be a problem in the classroom. He doesn't require a more restrictive placement.

Reason(s) for decision reached: John needs continued consultative services to develop self-help strategies regarding his hearing loss and use of aids.

White: Cumulative Folder Yellow: Teacher Pink: Parent

CHARLOTTE-MECKLENBURG
Local School Administrative UnitDEC 5/HCA
11/91
(Part 2 continued)

C. Regular Program Participation: Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided.

| | | | |
|----------------------------------|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Reading | <u>n, b</u> Language Arts | <u>Library</u> | <input type="checkbox"/> For. Lang |
| <input type="checkbox"/> English | <input type="checkbox"/> Spelling | <input type="checkbox"/> Chapter I | <input type="checkbox"/> Remediation |
| <u>n, b</u> Math | <u>n, b</u> Social Studies | <input type="checkbox"/> Homeroom | |
| <u>n, b</u> Health | <input type="checkbox"/> Economics | <u>Lunch</u> | |
| <u>n, b</u> Writing | <input type="checkbox"/> Physical Education | <u>Assemblies</u> | |
| <input type="checkbox"/> History | <u>Music/Art</u> | <u>Recess</u> | |
| <u>n, b</u> Science | <input type="checkbox"/> Vocational | <input type="checkbox"/> Other | |

Appropriate Classroom Modification(s), if any:

- | | |
|------------------------------------|---------------------------------------|
| a. Grading | h. Audio Tapes |
| b. Peer Tutoring | i. Tape Recorder |
| c. Oral Test | j. Interpreter |
| d. Abbreviated Assignments | k. Auditory Trainer |
| e. Alternative Materials | l. Assistive Devices |
| f. Extended Test Time (Tchr. Test) | m. Computer/Typewriter/Word Processor |
| g. Large Print Books | n. Other <u>preferential seating</u> |

For preschool children describe how the child is involved in a regular program: NA

IV. INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER: NA

*Vocational evaluation is needed? ☐ Yes ☒ No

V. TRANSITION PLAN IN EFFECT FOR STUDENTS 16 YEARS AND OLDER? ☐ Yes ☒ No

VI. N.C. TESTING PROGRAM: Modifications Needed ☐ Yes (See part III on back) ☒ No

VII. IS ADAPTED PHYSICAL EDUCATION REQUIRED? ☐ Yes ☒ No

VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the IEP:

| Signatures | Position | Date |
|----------------------------|------------------------|---------|
| <u>Cynthia W. Maly</u> | SSS LEA Representative | 5/26/93 |
| <u>Crystal T...</u> | Student's Teacher | 5/26/93 |
| <u>L. Ch...</u> | Parent | 5-26-93 |
| <u>Maurice P. Cantrell</u> | HI EC Teacher | 5-26-93 |

IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the addendum:

| Signatures | Position | Date |
|------------|--------------------|------|
| | LEA Representative | |
| | Student's Teacher | |
| | Parent | |
| | EC Teacher | |

000128

STUDENT OBJECTIVE REPORT

TE-NECKLBB

LLS

CHANTHAKOUMMAN KOS

655920

AGE 11-10

| IVE | RIGHT POSSIBLE | % RIGHT | NET LVL |
|--------------------------|-------------------|------------|------------|
| TT/SENTENCE STRUCTURE | 1/4 | 25 | - |
| LOGICAL ORG. PATTERNS | 4/4 | 100 | + |
| ER AUTHOR'S MEANING | 1/2 | 50 | P |
| STINGUISH FACT/OPINION | 1/3 | 33 | - |
| E MORE EXACT VOCABULARY | 2/11 | 18 | - |
| | 9/24 | 38 | 20 |
| CTION OF IMAGERY | 1/3 | 33 | - |
| STINGUISH FACT/OPINION | 1/5 | 20 | - |
| EXAMPLE/PERSONIFICATION | 2/2 | 100 | + |
| CHAR. OF BIOGRAPHY | 0/1 | 0 | - |
| W CONCL/AUTHOR'S MEAN. | 2/4 | 50 | P |
| READING/LITERATURE | 6/15 | 40 | 20 |
| ISE BY IMPROVING ORG. | 2/3 | 67 | P |
| INE OPENING SENTENCE | 1/2 | 50 | P |
| STENCE COMBINING STRAT. | 4/8 | 50 | P |
| ONOUN/ANTECEDENT AGREE. | 3/3 | 100 | + |
| TT/SENTENCE STRUCTURE | 0/2 | 0 | - |
| SPECIFIC DETAILS | 0/4 | 0 | - |
| ITING | 10/22 | 45 | 17 |
| DATE ORIGIN/WORDS | 1/9 | 11 | - |
| NTIFY & USE HOMOPHONES | 0/4 | 0 | - |
| INE ROOT WORDS | 1/3 | 33 | - |
| NG. STRUCTURE & HISTORY | 2/16 | 13 | 0 |
| ENTIFY & LOCATE GLOSSARY | 1/1 | 100 | + |
| HAPTER HEADINGS | 0/3 | 0 | - |
| ITIONARY/PARTS OF SPEECH | 0/2 | 0 | - |
| UDY SKILLS | 1/6 | 17 | 33 |
| OSIS STATEMENT | 0/4 | 0 | - |
| NSITIONAL EXPRESSIONS | 3/4 | 75 | + |
| ET/VERB USAGE | 1/4 | 25 | - |
| ARACTERISTICS OF IRONY | 2/2 | 100 | + |
| ENTIFY SETTING/PROSE | 1/1 | 100 | + |
| ARACTERISTICS OF SATIRE | 0/1 | 0 | - |
| DESCRIBE HYPERBOLE | 0/1 | 0 | - |
| | 7/17 | 41 | 43 |
| NET AVG | | 35 | 24 |

ED
ALLY MASTERED
ASTERED

BATCH 920007-590
TEST DATE: 08/24/92
RUN DATE: 09/17/92

ID NUMBER 0024730
CODED INFO 4....2....
PAGE 157

STUDENT OBJECTIVE REPORT

E-MECKLBG

655920
AGE 12-06LLS
6

CRENSHAW SHA A

| IVE | RIGHT POSSIBLE | % RIGHT | NET LVI |
|----------------------------|-------------------|------------|------------|
| T/SENTENCE STRUCTURE | 1/4 | 25 | - |
| LOGICAL ORG. PATTERNS | 1/4 | 25 | - |
| DIFFER AUTHOR'S MEANING | 2/2 | 100 | + |
| DISTINGUISH FACT/OPINION | 1/3 | 33 | - |
| USE MORE EXACT VOCABULARY | 1/11 | 9 | - |
| | 6/24 | 25 | 20 |
| DESCRIPTION OF IMAGERY | 0/3 | 0 | - |
| DISTINGUISH FACT/OPINION | 1/5 | 20 | - |
| EXAMPLE/PERSONIFICATION | 0/2 | 0 | - |
| CHAR. OF BIOGRAPHY | 1/1 | 100 | + |
| NEW CONCL/AUTHOR'S MEAN. | 0/4 | 0 | - |
| READING/LITERATURE | 2/15 | 13 | 20 |
| USE BY IMPROVING ORG. | 0/3 | 0 | - |
| LINE OPENING SENTENCE | 0/2 | 0 | - |
| SENTENCE COMBINING STRAT. | 2/8 | 25 | - |
| PRONOUN/ANTECEDENT AGREE. | 1/3 | 33 | - |
| ST/SENTENCE STRUCTURE | 2/2 | 100 | + |
| SPECIFIC DETAILS | 0/4 | 0 | - |
| EDITING | 5/22 | 23 | 17 |
| LOCATE ORIGIN/WORDS | 3/9 | 33 | - |
| IDENTIFY & USE HOMOPHONES | 1/4 | 25 | - |
| LINE ROOT WORDS | 1/3 | 33 | - |
| LANG. STRUCTURE & HISTORY | 5/16 | 31 | 0 |
| IDENTIFY & LOCATE GLOSSARY | 0/1 | 0 | - |
| CHAPTER HEADINGS | 0/3 | 0 | - |
| DICTIONARY/PARTS OF SPEECH | 0/2 | 0 | - |
| STUDY SKILLS | 0/6 | 0 | 0 |
| THESIS STATEMENT | 2/4 | 50 | P |
| TRANSITIONAL EXPRESSIONS | 3/4 | 75 | + |
| ST/VERB USAGE | 1/4 | 25 | - |
| CHARACTERISTICS OF IRONY | 0/2 | 0 | - |
| IDENTIFY SETTING/PROSE | 0/1 | 0 | - |
| CHARACTERISTICS OF SATIRE | 1/1 | 100 | + |
| DESCRIBE HYPERBOLE | 0/1 | 0 | - |
| | 7/17 | 41 | 29 |
| NET AVG | | 25 | 17 |

ED
FULLY MASTERED
MASTEREDBATCH 920007-580
TEST DATE: 08/24/92
RUN DATE: 09/17/92ID NUMBER 0026142
CODED INFO 2...2...
PAGE 158

**CMS MATHEMATICS PORTFOLIO
FORMAL LEARNING INVENTORY
THROUGH OBSERVATION/INTERVIEW**

Student John ChantholoumonYear 92-93**M** - most of the time**S** - some of the time**N** - not yet

| | FALL | WINTER | SPRING |
|---|----------|----------|----------|
| REASONING: | | | |
| Displays understanding of skills | <u>N</u> | <u>N</u> | <u>S</u> |
| Understands concepts | <u>N</u> | <u>N</u> | <u>S</u> |
| Chooses appropriate solution strategies | <u>N</u> | <u>N</u> | <u>S</u> |
| Solves problems accurately | <u>N</u> | <u>N</u> | <u>S</u> |
| PARTICIPATION: | | | |
| Works in an organized manner | <u>M</u> | <u>S</u> | <u>S</u> |
| Works neatly | <u>S</u> | <u>S</u> | <u>S</u> |
| Meets deadlines | <u>S</u> | <u>S</u> | <u>S</u> |
| Stays on task | <u>M</u> | <u>S</u> | <u>M</u> |
| Requests assistance when needed | <u>M</u> | <u>N</u> | <u>S</u> |
| Displays positive attitude | <u>M</u> | <u>S</u> | <u>M</u> |
| Tries alternative approaches | <u>N</u> | <u>S</u> | <u>S</u> |
| Shows patience and perseverance | <u>M</u> | <u>S</u> | <u>S</u> |
| Is willing to try | <u>M</u> | <u>S</u> | <u>M</u> |
| Goes beyond assigned task | <u>N</u> | <u>N</u> | <u>N</u> |
| Takes initiative to check work | <u>N</u> | <u>N</u> | <u>N</u> |
| COOPERATIVE LEARNING: | | | |
| Stays on task | _____ | _____ | _____ |
| Listens to others | _____ | _____ | _____ |
| Involves others in group work | _____ | _____ | _____ |
| Helps others | _____ | _____ | _____ |
| Considers and uses ideas of others | _____ | _____ | _____ |
| Works well with others | _____ | _____ | _____ |
| Defends choice of strategies | _____ | _____ | _____ |

CMS MATHEMATICAL SELF-ASSESSMENT SURVEYStudent John Chentha KwarmanDate 10-5-9-2

Read each statement and choose the answer that best describes how you feel.

1. Math is important to me.
2. I think math is fun.
3. I see that math is used a lot in the real world.
4. Math scares me.
5. I like to be challenged by hard problems.
6. I get frustrated easily and quit.
7. I help others with math.
8. I usually need help to solve problems.
9. I am doing better in math.
10. I like math.
11. I ask for help in math when I need it.
12. I like to try new ways to solve a problem.
13. I hurry through my work just to finish.
14. I can usually solve problems by myself.
15. I feel good about the way I solve problems.
16. I will work to get an answer no matter how long it takes.

| yes | no | sometimes |
|-----|----|-----------|
| ✓ | | |
| | | ✓ |
| | ✓ | |
| | | ✓ |
| ✓ | | |
| ✓ | | |
| | ✓ | |
| | | ✓ |
| ✓ | | |
| | ✓ | |
| ✓ | | |
| | ✓ | |
| | | ✓ |
| ✓ | | |
| ✓ | | |
| | | ✓ |

150

CMS MAIL HEARD
John Chertashdunare

10. Cameron
4/1/01

School Thayer Middle

290

STUDENT OBJECTIVE REPORT

CHARLOTTE-MICKELSON
LUCK
TEYOR HILLS
GRADE 6

CHARLOTTE-MICKELSON, KOD

555510
AGE 17.00

| OBJECTIVE | RIGHT/ CONSIDER | % RIGHT | NOT T |
|---------------------------------------|--------------------|------------|----------|
| SUBJECT 05 | | | |
| 1/1 WRITE EXPANDED NUMERALS | 1/2 | 50 | P |
| 1/2 ADD & SUB. FRAC./MIXED #/10 | 0/2 | 0 | - |
| 2/1 IDENTIFY ANGLES | 1/2 | 50 | P |
| 2/2 DETERMINE SIMPLER RATIOS | 1/2 | 50 | P |
| 2/3 PREDICT # OF ARRANGEMENTS | 0/2 | 0 | - |
| AVERAGE | 3/10 | 30 | 0 |
| NUMERATION SUBJECT | | | |
| 1/1 ROUND NUMBERS | 0/3 | 0 | - |
| AVERAGE | 0/3 | 0 | 0 |
| WHOLE NUMBERS SUBJECT | | | |
| 2/1 ADD/SUBTRACT NUMBERS | 2/3 | 67 | P |
| 2/2 ESTIMATE SUMS | 0/3 | 0 | - |
| AVERAGE | 2/6 | 33 | 0 |
| FRACTIONS/DECIMALS SUBJECT | | | |
| 3/1 ADD/SUBTRACT MIXED #/10 | 0/3 | 0 | - |
| 3/2 MUL/DIV WHOLE # BY FRAC | 2/3 | 67 | P |
| 3/3 RENAM FRACTIONS AS DECIM. | 1/3 | 33 | - |
| 3/4 COMPARE 2 NUMBERS/DECIMALS | 1/3 | 33 | - |
| 3/5 DIV DEC BY WHOLE # OR DEC | 2/3 | 67 | P |
| 3/6 RENAM DEC - FRACTION OR % | 0/3 | 0 | - |
| AVERAGE | 6/18 | 33 | 0 |
| NUMBER THEORY SUBJECT | | | |
| 4/1 USE EXPONENTS | 1/3 | 33 | - |
| 4/2 FIND PRIME FACTORIZATION | 1/3 | 33 | - |
| 4/3 FIND GCF/LCM | 1/4 | 25 | - |
| AVERAGE | 3/10 | 30 | 0 |
| MEASUREMENT SUBJECT | | | |
| 5/1 DETERMINE VOL./AREA, NO. IN | 0/3 | 0 | - |
| 5/2 FIND CIRCUMFERENCE OF CIRCLE | 0/3 | 0 | - |
| 5/3 MEASURE ANGLES/NEAREST DEG | 1/3 | 33 | - |
| 5/4 CONVERT UNITS/METRIC | 0/3 | 0 | - |
| AVERAGE | 1/12 | 8 | 0 |
| GEOMETRY SUBJECT | | | |
| 6/1 ID SPECIAL TRIANGLES/QUAD. | 0/3 | 0 | - |
| 6/2 DETERMINE LINE OF SYMMETRY | 2/3 | 67 | P |
| 6/3 CONGRUENT FIGURES | 2/3 | 67 | P |
| AVERAGE | 4/9 | 44 | 0 |
| PERCENT/RATIO SUBJECT | | | |
| 7/1 FIND PERCENT OF A NUMBER | 1/3 | 33 | - |
| 7/2 FIND % ONE # IS OF ANOTHER | 1/3 | 33 | - |
| 7/3 FIND % INCREASE/DECREASE | 0/3 | 0 | - |
| 7/4 MISSING TERM OF PROPORTION | 1/3 | 33 | - |
| AVERAGE | 3/12 | 25 | 0 |
| PROBABILITY/STATISTICS SUBJECT | | | |
| 8/1 LIST POSSIBLE OUTCOMES | 0/3 | 0 | - |
| 8/2 FRACTIONAL PROBABILITIES | 2/3 | 67 | P |
| 8/3 MEASURES OF CENTRAL TEND. | 1/3 | 33 | - |
| AVERAGE | 3/9 | 33 | 0 |

000132

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* = MASTERED BATCH 930005-35 ID NUMBER 0074730
 P = PARTIALLY MASTERED TEST DATE: 01/06/93 CODING INFO 4...1...
 - = NOT MASTERED RUN DATE: 01/20/93 PAGE 114

STUDENT OBJECTIVE REPORT

CHARLOTTE HECKLER
 TUCK
 DEVON HILL
 GRADE 6

CHARITAE HUBMAN K00

655810
 AGE 12-03

| OBJECTIVES | RIGHT/ POSSIBLE | % RIGHT | MT LVL |
|--------------------------------|--------------------|------------|-----------|
| ALGEBRA SUBTEST | | | |
| ALGEBRA SUBTEST | | | |
| 9/A USE VARIABLE/PLACE HOLDER | 0/3 | 0 | - |
| 9/B VARIABLE EXPRESSION/EQUA. | 1/3 | 33 | - |
| 9/D ADD/SUB/MUL/DIV INTEGERS | 1/3 | 33 | - |
| 9/C INTEGERS ON A NUMBER LINE | 2/3 | 67 | P |
| AVERAGE | 4/12 | 33 | 0 |
| NUM TEST 07 | | | |
| 4/E CONVERT TO SCIENTIFIC NOT. | 0/2 | 0 | - |
| 5/A DETERMINE ELAPSED TIME | 0/2 | 0 | - |
| 7/D CONVERT FRAC/DEC TO % | 1/2 | 50 | P |
| 8/A READ & INTERPRET GRAPHS | 1/2 | 50 | P |
| 0/C ARRANGE INTEGERS IN ORDER | 1/2 | 50 | P |
| AVERAGE | 3/10 | 30 | 0 |

* = MASTERED BATCH 930005-35 ID NUMBER 0074730
 P = PARTIALLY MASTERED TEST DATE: 01/06/93 CODING INFO 4...1...
 - = NOT MASTERED RUN DATE: 01/20/93 PAGE 115

STUDENT OBJECTIVE REPORT

CHARLOTTE-HECKER
TUCKER
TRAYON HILLS
GRADE 6

CHANTARACHUMMAN KOD

885916
AGE 12-03

| OBJECTIVES | RIGHT/ POSSIBLE | % RIGHT | MEET LVL |
|--------------------------------|--------------------|------------|-------------|
| SUBTEST DS | | | |
| 1/E WRITE EXPANDED NUMERALS | 1/2 | 50 | P |
| 2/D ADD & SUB. FRAC./MIXED #S | 0/2 | 0 | - |
| 5/A IDENTIFY ANGLES | 1/2 | 50 | P |
| 6/A DETERMINE SIMPLE PATTERNS | 1/2 | 50 | P |
| 7/E PREDICT # OF ARRANGEMENTS | 0/2 | 0 | - |
| AVERAGE | 3/10 | 30 | 0 |
| NUMERATION SUBTEST | | | |
| 1/C ROUND NUMBERS | 0/3 | 0 | - |
| AVERAGE | 0/3 | 0 | 0 |
| WHOLE NUMBERS SUBTEST | | | |
| 2/A ADD/SUBTRACT NUMBERS | 2/3 | 67 | P |
| 2/E ESTIMATE SUMS | 0/3 | 0 | - |
| AVERAGE | 2/6 | 33 | 0 |
| FRACTIONS/DECIMALS SUBTEST | | | |
| 3/A ADD/SUBTRACT MIXED #S | 0/3 | 0 | - |
| 3/E MUL/DIV WHOLE # BY FRAC. | 2/3 | 67 | P |
| 3/F RENAME FRACTIONS AS DECIM. | 1/3 | 33 | - |
| 3/G COMPARE 2 NUMBERS/DECIMALS | 1/3 | 33 | - |
| 3/I DIV DEC BY WHOLE # OR DEC | 2/3 | 67 | P |
| 3/L RENAME DEC - FRACTION OR % | 0/3 | 0 | - |
| AVERAGE | 6/18 | 33 | 0 |
| NUMBER THEORY SUBTEST | | | |
| 4/E USE EXPONENTS | 1/3 | 33 | - |
| 4/C FIND PRIME FACTORIZATIONS | 1/3 | 33 | - |
| 4/D FIND GCF/LCM | 1/4 | 25 | - |
| AVERAGE | 3/10 | 30 | 0 |
| MEASUREMENT SUBTEST | | | |
| 5/C DETERMINE VOL./REC. SOLID | 0/3 | 0 | - |
| 5/E FIND CIRCUM/AREA OF CIRCLE | 0/3 | 0 | - |
| 5/G MEASURE ANGLES/NEAREST DEG | 1/3 | 33 | - |
| 5/I CONVERT UNITS/METRIC | 0/3 | 0 | - |
| AVERAGE | 1/12 | 8 | 0 |
| GEOMETRY SUBTEST | | | |
| 6/A ID SPECIAL TRIANGLE/QUAD | 0/3 | 0 | - |
| 6/B DETERMINE LINE OF SYMMETRY | 2/3 | 67 | P |
| 6/C CONGRUENT FIGURES | 2/3 | 67 | P |
| AVERAGE | 4/9 | 44 | 0 |
| PERCENT/RATIO SUBTEST | | | |
| 7/A FIND PERCENT OF A NUMBER | 1/3 | 33 | - |
| 7/B FIND % ONE # IS OF ANOTHER | 1/3 | 33 | - |
| 7/C FIND % INCREASE/DECREASE | 0/3 | 0 | - |
| 7/D MISSING TERM OF PROPORTION | 1/3 | 33 | - |
| AVERAGE | 3/12 | 25 | 0 |
| PROBABILITY/STATISTICS SUBTEST | | | |
| 8/D LIST POSSIBLE OUTCOMES | 0/3 | 0 | - |
| 8/E FRACTIONAL PROBABILITIES | 2/3 | 67 | P |
| 8/F MEASURES OF CENTRAL TEND. | 1/3 | 33 | - |
| AVERAGE | 3/9 | 33 | 0 |

000134

293

STUDENT OBJECTIVE REPORT

CHARLOTTE-MECKLENB
TUCK
18YON HILLS
GRADE 6

CHANTHAPONGMAN KOS

55581P
AGE 13-02

| OBJECTIVES | RIGHT/ POSSIBLE | % RIGHT | NOT MET |
|--------------------------------|--------------------|------------|------------|
| ALGEBRA SUBTEST | | | |
| ALGEBRA SUBTEST | | | |
| 9/A USE VARIABLE/PLACE HOLDER | 0/3 | 0 | - |
| 9/B VARIABLE EXPRESSION/EQUA. | 1/3 | 33 | - |
| 9/D ADD/SUB/MUL/DIV INTEGERS | 1/3 | 33 | - |
| 9/C INTEGERS ON A NUMBER LINE | 2/3 | 67 | P |
| AVERAGE | 4/12 | 33 | 0 |
| SUBTEST 07 | | | |
| 4/E CONVERT TO SCIENTIFIC NOT. | 0/2 | 0 | - |
| 5/A DETERMINE ELAPSED TIME | 0/2 | 0 | - |
| 7/D CONVERT FRAC/DEC TO % | 1/2 | 50 | P |
| 8/A READ & INTERPRET GRAPH | 1/2 | 50 | P |
| 9/C ARRANGE INTEGERS IN ORDER | 1/2 | 50 | P |
| AVERAGE | 5/10 | 50 | 0 |

+ = MASTERED
P = PARTIALLY MASTERED
- = NOT MASTERED

BATCH 930005-35
TEST DATE: 01/04/93
RUN DATE: 01/20/93

TD NUMBER 0024730
CODED INFO 4.....1.....
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STUDENT OBJECTIVE REPORT

CHARLOTTE-MECKLEB
TUCK
TRYON HILLS
GRADE 6

CHANTHAKUMMAN KOS

65591F
AGE 12

| OBJECTIVES | RIGHT/ POSSIBLE | % RIGHT | MST LVL |
|---------------------------------------|--------------------|------------|------------|
| SUBTEST 5E | | | |
| 1/C CHANGE #'S/WORD TO STAN. | 1/2 | 50 | P |
| 1/H USE EXPONENTIAL NOTATION | 1/2 | 50 | P |
| 3/I GIVE PLACE VALUE/DECIMAL | 0/2 | 0 | - |
| 5/A IDENTIFY ANGLES | 2/2 | 100 | + |
| 6/C FIND PERCENT OF A NUMBER | 0/2 | 0 | - |
| AVERAGE | 4/10 | 40 | 20 |
| NUMERATION SUBTEST | | | |
| 1/D COMPARE TWO NUMBERS | 2/3 | 67 | P |
| AVERAGE | 2/3 | 67 | 0 |
| WHOLE NUMBERS SUBTEST | | | |
| 2/C ESTIMATE SUM/DIF/PROD/QUO | 1/3 | 33 | - |
| 2/D CREATE AND SOLVE PROBLEMS | 3/3 | 100 | + |
| AVERAGE | 4/6 | 67 | 50 |
| FRACTIONS/DECIMALS SUBTEST | | | |
| 3/A ADD/SUB MIXED #'S/REGROUP | 1/3 | 33 | - |
| 3/B MULT/DIV WHOLE # BY FRAC | 2/3 | 67 | P |
| 3/E RENAME FRACTION AS DECIMAL | 2/3 | 67 | P |
| 3/I ADD/SUB/MULT/DIV DECIMALS | 3/3 | 100 | + |
| 3/L RENAME DEC. AS FRAC. & % | 1/3 | 33 | - |
| AVERAGE | 9/15 | 60 | 20 |
| NUMBER THEORY SUBTEST | | | |
| 4/A ID PRIME & COMPOSITE #'S | 1/3 | 33 | - |
| 4/B USE EXPONENTS | 0/3 | 0 | - |
| 4/D FIND GCF/LCM | 2/3 | 67 | P |
| AVERAGE | 3/9 | 33 | 0 |
| MEASUREMENT SUBTEST | | | |
| 5/C DETERMINE VOLUME/RECTANGLE | 0/3 | 0 | - |
| 5/D FIND PERIMETER/AREA/VOLUME | 2/3 | 67 | P |
| 5/E FIND CIRCUM./AREA CIRCLE | 0/3 | 0 | - |
| 5/G MEASURE ANGLES | 1/3 | 33 | - |
| 5/H CONVERT UNITS/STANDARD | 1/3 | 33 | - |
| 5/I CONVERT UNITS/METRIC | 0/3 | 0 | - |
| AVERAGE | 4/18 | 22 | 0 |
| GEOMETRY SUBTEST | | | |
| 6/A ID SPECIAL TRIANGLE & QUAD | 1/3 | 33 | - |
| 6/B DETERMINE LINE OF SYMMETRY | 1/3 | 33 | - |
| AVERAGE | 2/6 | 33 | 0 |
| PERCENT/RATIO SUBTEST | | | |
| 7/A FIND PERCENT OF A NUMBER | 1/3 | 33 | - |
| 7/B FIND ONE #'S % OF ANOTHER | 2/3 | 67 | P |
| 7/C FIND % INCREASE/DECREASE | 1/3 | 33 | - |
| 7/D MISSING TERM OF PROPORTION | 1/3 | 33 | - |
| 7/E FIND EQUIVALENT RATIOS | 1/3 | 33 | - |
| 7/F SOLVE PROPORTIONS | 3/3 | 100 | + |
| AVERAGE | 9/18 | 50 | 17 |
| PROBABILITY/STATISTICS SUBTEST | | | |
| 8/E FRACTIONAL PROBABILITIES | 0/3 | 0 | - |
| 8/F MEASURES OF CENTRAL TEND. | 0/3 | 0 | - |
| AVERAGE | 0/6 | 0 | 0 |

000136

1-MASTERED

BATCH 920018-60

ID NUMBER 28524730

STUDENT OBJECTIVE REPORT

CHARLOTTE-MECKLEB
TUCK
TRYON HILLS
GRADE 6

CHANTHAKUMMAN KOS

65591E
AGE 12

| OBJECTIVES | RIGHT/ POSSIBLE | % RIGHT | MST LVL |
|--------------------------------|--------------------|------------|------------|
| ALGEBRA SUBTEST | | | |
| ALGEBRA SUBTEST | | | |
| 9/A USE VARIABLE/PLACE HOLDER | 2/3 | 67 | P |
| 9/B CONCEPT/VARIABLE EXPR/EQUA | 0/3 | 0 | - |
| 9/C ORDER & COMPARE INTEGERS | 0/3 | 0 | - |
| 9/D ADD/SUB/MUL/DIV INTEGERS | 1/3 | 33 | - |
| AVERAGE | 3/12 | 25 | 0 |
| SUBTEST 57 | | | |
| 2/A ESTIMATE SUM/DIF/PROD/QUO | 2/2 | 100 | + |
| 3/E FIND RECIPROCAL | 1/2 | 50 | P |
| 4/E CONV./SCIENTIFIC NOTATION | 0/2 | 0 | - |
| 7/E CREATE & SOLVE PROBLEMS | 0/2 | 0 | - |
| 8/A READ/INTERPRET GRAPH/TABLE | 2/2 | 100 | + |
| AVERAGE | 5/10 | 50 | 40 |

+ = MASTERED
P = PARTIALLY MASTERED
- = NOT MASTERED

BATCH 920016-60
TEST DATE: 04/12/93
RUN DATE: 05/06/93

ID NUMBER 0024730
CODED INFO 4....1....
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CMS SUMMER PROGRAM REGISTRATION/PEP/STUDENT INFORMATION SHEET

6171.5

5/83

(To be used for any student in grades 1-8 retained or repeating a course.)
(PLEASE PRINT OR TYPE)

GRID 321D "John" SUMMER SITE Shamrock

A. STUDENT INFORMATION: (to be completed by home school)

STUDENT Chantha Koummane Kosoul 0024730 Tryon Hills

BIRTHDATE 10-1-80 LAST 6 FIRST Mark Robertson CMS ID # Ms. Tuck

SEX M RACE R CURRENT GRADE Komonh/Phongsavout PRINCIPAL Ms. Tuck TEACHER

RESIDES WITH 2530 Fort St. GUARDIAN 28205 OTHER

ADDRESS ZIP CODE HOME PHONE EMERGENCY PHONE

HEALTH ALERT: Health conditions about which summer program staff should be aware:

B. REASON FOR ATTENDING (Circle one) State 3 State 6 State 8 Local Retention ESL

CRT TEST Scores:

(Grades 3, 6, 8)

Attach Profile Sheet

PRESENT PLACEMENT

COURSEWORK NEEDED: Grades 7, 8

Reg. ☒LD _____ Subject Reading, Math Date to Attend _____

EMH _____

BEH _____ Subject _____ Date to Attend _____

Other Hearing Impaired

Specific Academic Strengths:

Specific Academic Needs:

Classroom Teacher

Summer Program Teacher

Principal/Designee

Others

C. END OF SUMMER REPORT: (to be completed by summer program teacher and administrator)

Site S. Gardens Days Absent 49/20 Conduct Excellent Grade(s): Reading (A) / Math (B)Comments: See attached feedback formSummer Program Teacher Kay Schorn Administrator Cornie J. McGinnis

D. PROMOTION/RETENTION DECISION: (to be made by home school principal)

☒ Promoted _____ Retained _____ Attended Summer Program _____ Did not attend Summer ProgramSignature of home school principal Kathy Smith Date 8/3/13

NOTE: White and yellow copies are to be sent intact to Summer Program office at time of registration.

White and yellow copies are then returned to the home school at conclusion of summer classes.

Yellow copy is sent to the Summer Program office after promotion/retention decision is made.

White - Cumulative folder

Pink - Home School Copy (upon registration)

Yellow - Summer Program office

Gold - Student Copy (upon registration)

SUMMER SCHOOL FEEDBACK FORM
SHAMEOCK GARDENS 1993

STUDENT John Chanta Kereumane GRADE 6
 SUMMER SCHOOL TEACHER Kay Schorn - reading, Melvin Jeynes - math
 RATING SCALE: M=Mastery SP=Shows Progress NI=Needs Improvement

Listed below are selected skills targeted for instruction in summer school and feedback about the student's progress.

READING

| | | | |
|-------------------------|-----------|------------------------------|-----------|
| 1. <u>Comprehension</u> | <u>M</u> | 6. <u>Root Words/Affixes</u> | <u>SP</u> |
| 2. <u>Vocabulary</u> | <u>SP</u> | 7. <u>Punctuation</u> | <u>M</u> |
| 3. <u>Main Idea</u> | <u>M</u> | 8. <u>Capitalization</u> | <u>M</u> |
| 4. <u>Sequence</u> | <u>M</u> | 9. _____ | _____ |
| 5. <u>Cause/Effect</u> | <u>M</u> | 10. _____ | _____ |

Comments: John has done outstanding work in
summer school. He has worked extremely hard.
I'm very pleased with his progress.
Vocabulary tends to be a weakness.

MATH

| | | | |
|---------------------------|-----------|---------------------|-----------|
| 1. <u>Geometry</u> | <u>M</u> | 6. <u>Division</u> | <u>SP</u> |
| 2. <u>Problem Solving</u> | <u>SP</u> | 7. <u>Fractions</u> | <u>SP</u> |
| 3. <u>Addition</u> | <u>M</u> | 8. _____ | _____ |
| 4. <u>Subtraction</u> | <u>M</u> | 9. _____ | _____ |
| 5. <u>Multiplication</u> | <u>M</u> | 10. _____ | _____ |

COMMENTS:

John had an excellent summer in math.
He worked very hard to improve all his skills.
I was especially pleased to see the progress
in fractions and problem solving.

000139

STUDENT OBJECTIVE REPORT

CHARLOTTE-MECKLEB
 CLUCK
 TAYLOR HILLS
 GRADE 6

CHARITABLE BUNMAN KOR

655420
 APR 12-03

| OBJECTIVE | RIGHT/ POSSIBLE | % RIGHT | MT LVL |
|--------------------------------|--------------------|------------|-----------|
| SUBTEST D5 | | | |
| 1/A DISTINGUISH FACT/FANTASY | 2/2 | 100 | + |
| 1/H DISTINGUISH FACT/OPINION | 0/2 | 0 | - |
| 1/T IDENTIFY IRONY | 0/2 | 0 | - |
| 2/G USE EFFECTIVE TRANSITIONS | 2/2 | 100 | + |
| 2/T INCLUDE SPECIFIC DETAILS | 1/1 | 50 | P |
| AVERAGE | 5/10 | 50 | 5.0 |
| LITERATURE/READING SUBTEST | | | |
| 1/B DISTINGUISH FACT/FANTASY | 2/2 | 100 | + |
| 1/D BIO/AUTOBIO/HIST. FICTION | 2/3 | 67 | P |
| 1/E DISTINGUISH FACT/OPINION | 1/3 | 33 | - |
| 1/G CONCLUDE AUTHOR'S MEANING | 1/2 | 33 | - |
| 1/P DEFINE PERSONIFICATION | 1/2 | 33 | - |
| 1/Q EXAMPLES/PERSONIFICATION | 2/3 | 67 | P |
| AVERAGE | 10/18 | 56 | 1.7 |
| WRITING SUBTEST | | | |
| 2/D ADD SPECIFIC/VIVID DETAILS | 0/3 | 0 | - |
| 2/E IMPROVE ORGANIZATION | 1/3 | 33 | - |
| 2/F REFINE OPENING SENTENCES | 1/3 | 33 | - |
| 2/G SENTENCE COMBINING STRAT. | 0/3 | 0 | - |
| 2/H INCREASE ELABORATION | 1/3 | 33 | - |
| 2/J PROMOUN/ANTECEDENT AGREE. | 1/3 | 33 | - |
| 2/K CORRECT SENTENCE STRUCTURE | 1/3 | 33 | - |
| 2/M STANDARD PUNCTUATION/SPELL | 2/3 | 67 | P |
| AVERAGE | 7/24 | 29 | 0 |
| LANGUAGE STRUC/HISTORY SUBTEST | | | |
| 3/B TOTOM-LITERAL MEANING/USE | 1/3 | 33 | - |
| 3/D CONNOTATION | 1/3 | 33 | - |
| 3/E MULTIPLE MEANING OF WORDS | 0/3 | 0 | - |
| 3/F DEFINE USING CONTEXT CLUES | 1/3 | 33 | - |
| 3/G IDENTIFY, DEFINE | 2/3 | 67 | P |
| 3/H DEFINE ROOTS | 2/3 | 67 | P |
| AVERAGE | 7/18 | 39 | 0 |
| STUDY SKILLS SUBTEST | | | |
| 6/A DICTIONARY/PARTS OF SPEECH | 1/3 | 33 | - |
| 6/B IDENTIFY & LOCATE GLOSSARY | 0/2 | 0 | - |
| 6/C USE GLOSSARY | 1/2 | 50 | P |
| 6/E USE CHAPTER HEADINGS | 0/2 | 0 | - |
| AVERAGE | 2/10 | 20 | 0 |
| SUBTEST D7 | | | |
| 1/A CHARACT./SHORT STORY | 0/2 | 0 | - |
| 1/G CHARACT. POETRY/BALLAD | 0/2 | 0 | - |
| 2/D ARGUMENTATIVE/PERSUASIVE | 1/2 | 50 | P |
| 2/H CORRECT VERB USAGE | 1/2 | 50 | P |
| 2/O MISPLACED MODIFIERS | 0/2 | 0 | - |
| AVERAGE | 2/10 | 20 | 0 |

P=MASTERED
 P=PARTIALLY MASTERED
 -=NOT MASTERED

BATCH 930008-10
 TEST DATE: 01/06/93
 RUN DATE: 01/28/93

10 NUMBER 0024730
 COPIED INFO & *.
 PAGE 59

SUMMER SCHOOL PROGRESS REPORT

Math-Mr. Jaynes
L.A./Reading-
Mrs. Sehorn

NAME John Chartha Koomane

Date July 9, 93

NOTE S

LANGUAGE ARTS S

READING E

BEHAVIOR E

E-Excellent S-Satisfactory U-Unsatisfactory

COMMENTS: John is doing outstanding work. I'm pleased with him! We are reading On my Honor and a reading test will be given on July 13. Our first spelling test is today - July 9. Encourage him to read. (K. Sehorn - teacher) John is doing very well in math. He listens well and has performed well on quizzes.

Parent Signature

John Chartha Koomane

SUMMER SCHOOL PROGRESS REPORT

Math-Mr. Jaynes
L.A./Reading-
Mrs. Sehorn

NAME John Chartha Lounane

Date July 16, 93

MATH S

LANGUAGE ARTS E

READING S

BEHAVIOR E

E-Excellent S-Satisfactory U-Unsatisfactory

COMMENTS: John has such potential! He made 100 on the spelling test and 85 on the reading test. Understanding of vocabulary words seemed to be a weakness. It is important that John read as much as possible. He is a smart child! John needs to work hard on improving his multiplication skills. I am very pleased with his effort.

Parent Signature Phong Chartha Lounane

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

DEC 5HCA
11/91
(Part 1)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Kororal Chanthakoummade

B. Date of Beginning and Duration of Special Education and Related Services

Grade 5 School Tyrnsville

From: (month) 5 (day) 26 (year) 93

To: (month) 5 (day) 25 (year) 94

A. Present Level(s) of Performance
(Summarize evaluation results including strengths and needs or behavioral weaknesses):

John has a mild bilateral sensorineural hearing loss with moderate to severe loss in high frequencies. Needs to wear aids during instruction and develop strategies for successful listening - Has average cognitive skills - Stronger in math & visual discrimination

*Annual Goals: With appropriate and functional amplification John will individualize reception of auditory information given oral instruction by the hearing impaired teacher.

| Short-Term Instructional Objectives in Measurable Terms | Evaluation Procedures (How) | Evaluation Schedule (When) | Date Attained (must be completed for each objective) |
|---|---|----------------------------|--|
| <u>Kororal John will</u> <u>1) wear appropriate functional amplification at school</u> <u>2) seat himself 6-8' of the speaker in class</u> <u>3) use 'buddy system' to assist reception of instruction</u> <u>4) ask for clarification when doesn't understand - 80% of the time.</u> | <u>Teacher Observation</u> <u>#1/Rig Ed</u> <u>conferences</u> <u>Progress Reports</u> <u>Data Sheet of confs</u> <u>Student Log</u> | <u>1x per mo.</u> | |

302

*There must be short-term instructional objectives for each annual goal(s).

Use one sheet for each annual goal.

White: Cumulative Folder

Yellow: Teacher

Pink: Parent

Charlotte-Mecklenburg
Local School Administrative UnitNo. #3
DEC/Due Process
8/93

INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

| | |
|--|--|
| <input type="checkbox"/> Initial Placement | <input type="checkbox"/> Change in Placement |
| <input checked="" type="checkbox"/> Review | <input type="checkbox"/> Exit from Program |
| <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Transition | |

Dear M/M Chanthakumman
 Re: Kosoul Chanthakumman (Student's Name)

Date Sent 5/11/94

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Kosoul's special needs.

At this meeting, we would like to discuss one or more of the following:

- ☐ Ways to meet the educational needs of your child
- ☐ Evaluation results
- ☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP).
- ☐ Change in placement
- ☐ Educational Setting
- ☐ Identification
- ☐ Develop or change the transition plan

The following people will be involved with the meeting:

| Name | Position | Name | Position |
|-------------------|-------------------|------|----------|
| <u>L. P. Reed</u> | <u>HS Teacher</u> | | |
| <u>M. Delalco</u> | <u>SEA Rep</u> | | |
| <u>B. Glump</u> | <u>Teacher</u> | | |
| | | | |
| | | | |

The meeting is scheduled for (date) 5/25/94, at (time) 2:30, (place) Ransom.

If this time is inconvenient, I will be happy to reschedule the meeting.
 Please call (phone) 343-6800. At this meeting, you are entitled to all the due process parental rights described in the Handbook of Parents' Rights.

Sincerely,

[Signature]
 School-Based Committee Chairperson

School

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- ☐ I will be present for the Conference.
- ☐ I cannot meet at this time, I will contact the school in order to arrange another time.
- ☐ I cannot meet at this time. Please contact me to arrange another time.

*Not returned
by parent -*

Parent/Guardian Signature _____

Date _____

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

2nd Notice 5/18/94 (Date) Type of Notice letter/home (Date Received: 1/1)
 3rd Notice 5/23/94 (Date) Type of Notice phone call

*Note: Retain a copy in child's folder.

White: Cumulative folder

Yellow: Parent

Pink: Notice Documentation

000144

303

1994-95

8th

Ranson Middle
School - Higgenbotham

2530 Fort St.

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 6/HCA
7/92

RECOMMENDATION/APPROVAL FOR PLACEMENT

Student: Kansoul (John) Chanthakoummane ID#: 0024730
Address: 2530 Fort St. Charlotte 28205 Phone: 376-1815
Date of Birth: 10-1-80 Age: 14 Sex: M Race: Grade: 8
Name of Parent/Guardian: Kamonth + Phongsavout Chanthakoummane
Check Purpose: ☐ Initial Placement ☐ Reevaluation ☒ Change in Placement/Setting
☐ Other:

School-Based Committee/Preschool Transition/Placement Committee

Date 5/10/85

We have reviewed all the required documentation including the IEP and

- ☒ (a) ☒ do not recommend placement in the Hearing Impaired program,
☒ (b) recommend continued placement,
☐ (c) recommend a change in placement/setting to Resource from Regular, or
☐ (d) recommend exit from the program,
☐ (e) recommend exit from related service,
 recommend addition of related service.

Comments

Signature

Position

John R. Blake
Thomas Courtney
Rose Knight
Al DeBello
Kathleen Murphy

CT/APC Rep

EC teacher
Psychologist
AP
SBC Chair
APC Rep., if combined
[4 approval] disapproval

Administrative Placement Committee

Date 1/1

We have reviewed all required documentation including the IEP, and the recommendation of the School-Based Committee.

☐ Approval ☐ Disapproval ☐ Reconvene Committee ☐ Other

Reason(s):

Signature

Position

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 8/HCA
12/91

PRIOR NOTICE FOR REEVALUATION

Student: Kousoul Chanthakoummane

Date Sent: 3.21.95

School: Ransom Middle

Dear Mr. + Mrs. Chanthakoummane

Reevaluation of handicapped students must be completed every three years in order to determine whether or not a student continues to need a special education program. Reevaluation of AG students must be completed within three years of initial evaluation for a student who was identified prior to the second semester of the third grade. An AG student may also be reevaluated when performance indicates a need for such and/or when the program changes. The proposed reevaluations by qualified personnel will include the use of one or more tests to help determine his/her strengths and weaknesses. The test data and screenings described below may be needed:

| AREA | INFORMATION |
|--------------------------------|--|
| Physical Health | Vision, hearing, motor, medical screening/evaluation |
| Educational | Reading, mathematics and other subjects - group/individual assessments, achievement tests; observation |
| Psychological | Mental ability, emotional development, perceptual developmental, and adaptive behavior screening/evaluation |
| Social Appraisal | Social, personal, behavioral and developmental history |
| Communication Skills | Understanding and using spoken language - screening/evaluation |
| Intellectual | Group or individual intelligence tests |
| Other: | |
| Developmental (Preschool only) | Cognitive, fine motor, gross motor, self-help skills |

A summary of the evaluations will be shared with you, and you are entitled to all the due process rights in the Handbook of Parents' Rights a copy/summary of which is attached. If you have any questions, please contact:

J. Blake at Ransom Middle
(Name) (School)

343-6800
(Phone)

Note: A copy must be retained in the child's folder.

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

DEC 5/HCA

8/93

(Part 2)

INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kousoul (John) ChanthakoummaneSchool: Ransom Middle School

Check Purpose:

☐ Initial Entry☒ Annual Review☐ Reevaluation☒ Change in Placement☐ Other: _____

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)*

- ☐ Academically Gifted
☐ Autistic
☐ Behaviorally-Emotionally Handicapped
☐ Deaf-Blind
☒ Hearing Impaired
☐ Mentally Handicapped
☐ EMH ☐ S/PMH ☐ TMH
☐ Multihandicapped
☐ Orthopedically Impaired
- ☐ Other Health Impaired
☐ Specific Learning Disabled
☐ Speech-Language Impaired
☐ Traumatic Brain Injured
☐ Visually Impaired
☐ Preschool Developmentally Delayed

II. RELATED SERVICES

- ☐ Audiology
☐ Counseling Services
☐ Occupational Therapy
☐ Physical Therapy
☐ Speech-Language
☐ Transportation
☐ Other: _____

☒ None

*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

A. Amount of Time in Exceptional Education:

| Type of Service | Sessions Per Wk./Mo./Yr. | Min. Per Session | Hours Per Wk. |
|--------------------------|-----------------------------|---------------------|------------------|
| Consultation <u>HI</u> | <u>1x per month</u> | <u>30</u> | <u>8.33</u> |
| Direct Special Education | <u>10</u> | <u>50</u> | |
| Related Services | | | |
| | | | |
| | | | |

B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for the decision reached. A continuum of services must be considered.

- ☒ Regular - Less than 21% of day (up to 1 hr. 15 min.)
☒ Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.)
☐ Separate - 61% or more of day (more than 3 hrs. 30 min.)
☐ Public Separate School - 100%
- ☐ Private Separate School - 100%
☐ Public Residential - 100%
☐ Private Residential - 100%
☐ Home/Hospital - 100%

Preschool NA

- ☐ Regular* - Up to 6 hours per week
☐ Resource* - 6 to 12 hours per week
☐ Separate* - more than 12 hours per week
☐ Public Separate School - 100%
- ☐ Private Separate School - 100%
☐ Public Residential - 100%
☐ Private Residential - 100%
☐ Home/Hospital - 100%
☐ Home/Family - minimum 1 hour per week

*Applicable only in a classroom setting

Agency: Check where the student is receiving special services.

- ☒ 1. LEA/School in Attendance Area
☐ 2. LEA/School Not in Attendance Area

☐ 3. Another LEA☐ 4. Other _____

The committee reviewed the full continuum of services, considered those checked above, and selected this setting because: John needs the one-on-one and small group instruction provided in a Resource Model to be more successful in school. He will attend EC Study Skills and EC Math along with consultative services from the HI teacher who's hearing impairment has caused gaps and a delay in his math skill development.

White: EC Folder

Yellow: Parent

Pink: Teacher

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kam-er

CHARLOTTE-MECKLENBURG - Local School Administrative Unit

DEC 5/HCA
8/93

(Part 2 continued)

C. Regular Program Participation: Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided.

| | | | | |
|---------------|------|--------------------|------------------|-------------------|
| _____ Reading | a, n | Language Arts | _____ Vocational | _____ Recess |
| _____ Math | | Spelling | _____ Library | _____ Other |
| a, n | | Social Studies | _____ Chapter I | _____ For. Lang. |
| _____ Writing | a, n | Economics | _____ Homeoom | _____ Remediation |
| _____ History | | Physical Education | _____ Lunch | |
| a, n | | Music/Art | _____ Assemblies | |
| _____ Science | | | | |

Appropriate Classroom Modification(s), if any: a, n

- | | |
|------------------------------------|---------------------------------------|
| a. Grading | h. Audio Tapes |
| b. Peer Tutoring | i. Tape Recorder |
| c. Oral Test | j. Interpreter |
| d. Abbreviated Assignments | k. Auditory Trainer |
| e. Alternative Materials | l. Assistive Devices |
| f. Extended Test Time (Tchr. Test) | m. Computer/Typewriter/Word Processor |
| g. Large Print Books | n. Other preferential seating |

For preschool children describe how the child is involved in a regular program: NA

IV. Transition services have been considered and: NA

[] Transition plan is attached.

[] Services are stated in the IEP.

V. N.C. TESTING PROGRAM: Modifications Needed [x] Yes (See part III) [] No

VI. IS ADAPTED PHYSICAL EDUCATION REQUIRED? [] Yes [x] No

VII. EXTENDED SCHOOL YEAR (ESY) STATUS:

[x] Is not eligible for ESY.

[] Is eligible for ESY (See goal sheet).

[] Eligibility is under consideration and will be determined by _____ (date)

VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the IEP:

| Signatures | Position | Date |
|---|---------------------------------|--------|
| <i>Joe R. Blake</i> | LEA Representative | 5-9-95 |
| <i>Michelle Haysworth</i> | Student's Teacher | 5-9-95 |
| *parent did not show for conference. Parent *3 attempts noted on conference letter. | | |
| <i>Mande P. Cantrell</i> | Teacher of the Hearing Impaired | |

IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the addendum:

| Signatures | Position | Date |
|------------|--------------------|------|
| | LEA Representative | |
| | Student's Teacher | |
| | Parent | |

X. This IEP was reviewed following reevaluation and was found to be appropriate. An annual review of this IEP will be concluded on or before ____/____/____.

| Signatures | Position | Date |
|------------|--------------------|------|
| | LEA Representative | |
| | Student's Teacher | |
| | Parent | |

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White: EC Folder Yellow: Parent Pink: Teacher

309

ham, et
05-24-06

Charlotte-Mecklenburg
Local School Administrative Unit

DECS/HCA
8/93(Part 1)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student: John Chanthakoummane

B. Date of Beginning and Duration of Special Education and Related Services

From: 5-11-95 (month) (day) (year)
To: 5-10-96 (month) (day) (year)

Grade: 9 **School:** Ranson Middle School

A. Present levels of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):

C. * Annual Goal:

Strengths: works cooperatively in a one-on-one situation

Given direct instruction by an EC teacher, John will improve his study skills in the areas of task completion, time management, and organizational skills.

Needs: task completion, time management, organizational skills

| Short-Term Instructional Objectives In Measurable Terms | Evaluation Process (How) | Evaluation Schedule (When) | Date Attained (must be completed for each obj) |
|--|---|--|---|
| 1) Given an assignment sheet, John will list all assignments on that sheet 100% of the time. | 1) Participation grades Assignment sheet check | 1) 9-25-95 1-25-96 end of IEP year | 9-25-95 Continue |
| 2) Given a specific block of time, John will manage the time to expedite the completion of required tasks with 90% accuracy. | 2) Making work schedules Goal-prioritizing activities | 2) 9-25-95 1-25-96 end of IEP year | 9-25-95 1-25-96 Expectation |
| 3) Given an organizational format, John will keep an organized notebook divided by subjects to maintain classnotes, handouts, and quizzes with 80% accuracy. | 3) Weekly Notebook Checks Improved Grades Participation Grade | 3) 9-25-95 1-25-96 end of IEP year | 9-25-95 Continue |
| | | | 9-25-96 Expectation |

000151

There must be short-term instructional objectives for each annual goal. Use one sheet for each goal. There must be present level of performance documentation to support each annual goal. Reviewed by CF Kam

Charlotte-Mecklenburg
Local School Administrative Unit

DECS/HCA
8/93 (Part 1)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student: John Chanthakoummane

B. Date of Beginning and Duration of Special Education and Related Services

From: 5-11-95
(month) (day) (year)
To: 5-10-96
(month) (day) (year)

Grade: 8 **School:** Ranson Middle School

A. Present levels of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):

C. * Annual Goal:

Strengths: Knows classroom expectations

Given direct instruction from the EC teacher and classroom structure and support from his regular class teachers, John will improve his classroom compliance, maintain self-control, and complete task when assigned.

Needs: maintain self-control, improve classroom compliance, and complete required assignments

| Short-Term Instructional Objectives In Measurable Terms | Evaluation Process (How) | Evaluation Schedule (When) | Date Attained (must be completed for each obj) |
|---|--|---|---|
| 1) Given classroom structure and verbal support by teacher, John will maintain self-control and comply with established classroom procedures 90% of the time. | 1) Teacher Observation Student Demonstration of task | 1) 9-25-95 1-25-96 end of IEP year | 9-25-95 Continued 1-25-96 Exp |
| 2) When given an assignment in class, John will work on the assignment until it is completed or for the specified duration 95% of the time. | 2) Class Record Book Student Demonstration of task | 2) 9-25-95 1-25-96 end of IEP year | 9-25-95 Continued 1-25-96 Exp |
| 3) While at school, John will report to his classes on time and remain for their duration 100% of the time. | 3) Class Record Book | 3) 9-25-95 1-25-96 end of IEP year | 9-25-95 Continued 1-25-96 Exp |

000152

There must be short-term instructional objectives for each annual goal. Use one sheet for each goal. There must be present level of performance documentation to support each annual goal. Reviewed by CF Han

Charlotte-Mecklenburg
Local School Administrative Unit

DEC 5/HCA
8/93 (Part 1)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student: John Chanthakoummane

B. Date of Beginning and Duration of Special Education and Related Services

From: 5 - 11 - 95
(month) (day) (year)
To: 5 - 10 - 96
(month) (day) (year)

Grade: 8 **School:** Ranson Middle School

A. Present levels of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):

C. * Annual Goal:

Strengths: Able to do most whole number calculations

When given direct instruction by the EC teacher, John will improve his math skills in the areas of operations of decimals, computation of fractions having like denominators, and solving simple equations.

Needs: addition, subtraction, and multiplication of decimals, computation of fractions having like denominators, solving simple equations

| Short-Term Instructional Objectives In Measurable Terms | Evaluation Process (How) | Evaluation Schedule (When) | Date Attained (must be completed for each obj) |
|--|-----------------------------|-------------------------------|---|
| 1) Given 20 addition and/or subtraction of decimals problems, John will solve the problems with 80% accuracy. | 1) Teacher-made Assessment | 1) 9-25-95 1-25-96 | 9-25-95 <i>continue</i> |
| 2) Given 20 multiplication and/or division of decimals problems, John will solve the problems with 80% accuracy. | 2) Teacher-made Assessment | 2) 9-25-95 1-25-96 | 9-25-95 <i>continue</i> |
| 3) Given 20 addition/subtraction/mult. and/or division of fractions having like denominators problems, John will solve the problems with 80% accuracy. | 3) Teacher-made Assessment | 3) 1-25-96 end of IEP year | <i>in expected school</i> |
| 4) Given 10 simple equations, John will solve the equations with 80% accuracy. | 4) Teacher-made Assessment | 4) 1-25-96 end of IEP year | <i>in expected school</i> |

000153

There must be short-term instructional objectives for each annual goal. Use one sheet for each goal. There must be present level of performance documentation to support each annual goal. Reviewed by CT Kam

CARLOTTE MECKLENBURG
Local School Administrative Unit

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

DEC 5/14
8/93
(Part 1)

Student John Chathakouman

Grade 8 School Ransom

A. Present Level(s) of Performance
(Summarize evaluation results including strengths and needs or behavioral weaknesses):

John has a mild bilateral hearing loss with moderate to severe in the high frequencies. He misses information and needs to develop independent strategies. Visual discrimination skills are stronger. John is a pleasant student.

B. Date of Beginning and Duration of Special Education and Related Services

From: 5-11-95
(month) (day) (year)
To: 5-10-96
(month) (day) (year)

C. Annual Goal(s) Speech consultation and management strategies by the teacher of the hearing impaired John will maximize auditory reception of the curriculum and develop use of strategies independently.

| Short-Term Instructional Objectives in Measurable Terms | Evaluation Procedures (How) | Evaluation Schedule (When) | Date Attained (must be completed for each objective) |
|---|---|-----------------------------------|--|
| John will independently distinguish 6-8' from the speaker to improve signal to noise ratio 80% of the time. | Teacher assigned seat - student/HI Progress Reports | 6-2-95, 9-21-95, 1-22-96, 4-29-96 | 6-2-95 9-21-95 1-22-96 4-29-96 |
| John will ask for clarification from the teacher/buddy if he doesn't understand directions or assignment during a predetermined signal 80% of the time. | Progress Reports student is | 6-2-95, 9-21-95, 1-22-96, 4-29-96 | 6-2-95 9-21-95 1-22-96 4-29-96 |

There must be short-term instructional objectives for each annual goal(s). Use one sheet for each annual goal. There must be present level of performance documentation to support each annual goal.

White: EC Folder Yellow: Parent Pink: Teacher

Ham. 13

Charlotte-Mecklenburg
Local School Administrative UnitNo. #3
DEC/Due Process
8/93

INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

| | |
|--|---|
| <input type="checkbox"/> Initial Placement | <input checked="" type="checkbox"/> Change in Placement |
| <input type="checkbox"/> Review | <input type="checkbox"/> Exit from Program |
| <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Transition | _____ |

Dear Mr. & Mrs. Chanthakoummane :
 Re: Kousoul (John) Chanthakoummane (Student's Name)

Date Sent 4/26/95

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- ☒ Ways to meet the educational needs of your child
- ☒ Evaluation results
- ☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP).
- ☒ Change in placement
- ☒ Educational Setting
- _____ Identification
- _____ Develop or change the transition plan

The following people will be involved with the meeting:

| Name | Position | Name | Position |
|-------------------------|----------------------|-------|----------|
| <u>J. Blake</u> | <u>LEA Rep</u> | _____ | _____ |
| <u>D. Hugginsbotham</u> | <u>EC teacher</u> | _____ | _____ |
| <u>M. Cartrell</u> | <u>Teacher of HI</u> | _____ | _____ |
| _____ | _____ | _____ | _____ |

The meeting is scheduled for (date) May 9, at (time) 8:00 AM, (place) Ransom Middle School. If this time is inconvenient, I will be happy to reschedule the meeting.
 Please call (phone) 343-6800. At this meeting, you are entitled to all the due process parental rights described in the Handbook of Parents' Rights.

Sincerely,

J. Blake
 School Based Committee Chairperson LEA Rep.
Ransom Middle
 School

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- ☒ I will be present for the Conference.
- ☐ I cannot meet at this time, I will contact the school in order to arrange another time.
- ☐ I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature X. ChanthakoummaneDate 5-4-95

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

2nd Notice 4/27/95 (Date) Type of Notice Home Visit (C.I.S.)
 3rd Notice 5/8/95 (Date) Type of Notice Phone Call

(Date Received: 5/4/95)

*Note: Retain a copy in child's folder.

White: Cumulative folder

Yellow: Parent

Pink: Notice Documentation

000155

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**Database Update
Exceptional Children
Charlotte-Mecklenburg Schools**

0104.35
8/94

Initial _____
Reevaluation ☒ _____
Change of Setting ☒ _____

Change of Exceptionality _____
Dropped Out _____
Change in Points _____

| | | |
|-------|--|--|
| Exit: | <input type="checkbox"/> Aged Out <input type="checkbox"/> Declassified <input type="checkbox"/> Legal Mandate <input type="checkbox"/> No Placement <input type="checkbox"/> Parent Request <input type="checkbox"/> Released by Court | <input type="checkbox"/> Died <input type="checkbox"/> Dropped Out <input type="checkbox"/> Expelled <input type="checkbox"/> Graduation Certificate <input type="checkbox"/> Graduation Diploma <input type="checkbox"/> Promoted, but No-Show <input type="checkbox"/> Transferred |
|-------|--|--|

ID Number 0024730
 Student Name Kousoul Chanthakoummane
 Evaluation Date 5-21-93

School Ranson
 Date Submitted 5-10-95
 Submitted by J. Alohe

I. Exceptionality

☐ Autistic (AU)
☐ Behaviorally/Emotionally Handicapped
☐ Deaf/Blind (DB)
☒ Hearing Impaired (HI)
☐ Mentally Handicapped
☐ [] EMH [] TMH [] S/P
☐ Multihandicapped (MU)

☐ Orthopedically Impaired (OI)
☐ Other Health Impaired (OH)
☐ Specific Learning Disa. (LD)
☐ Speech-Language Impaired (SI)
☐ Traumatic Brain Injured (TBI)
☐ Visually Impaired (VI)
☐ Willie M.

II. Setting

☐ Regular (RG)
☒ Resource (RS)1
☐ Separate (SE)
☐ Public Separate School (SD)

☐ Private Separate School (SP)
☐ Public Residential Facility (PR)
☐ Private Residential Facility (VR)
☐ Home/Hospital (HH)
☐ Home Family (HF)

III. Related Services

☒ None
☐ Audiology
☐ Counseling Services
☐ Occupational Therapy
☐ Physical Therapy
☐ Orientation/Mobility

Date: _____
☐ Speech/Language
☐ Transportation
☐ Academically Gifted
☐ Hearing Impaired
☐ Visually Impaired
☐ Interpreter

IV. Speech/Language Information

Disorder:

☐ pts. Language
☐ pts. Articulation
☐ pts. Fluency
☐ pts. Voice
☐ Speech Score pts

Date: _____

V. Language:

☐ E-English
☐ N-Non-English
☐ Signing

VI. Reading Medium:

☐ A-Auditory Reader ☐ N-Non Reader
☐ B-Braille Reader ☐ P-Pre-Reader

Date: _____
☒ V-Visual Reader

White: To be picked up by Coordinating Teacher Yellow: EC Folder

000156

Charlotte-Mecklenburg
Local School Administrative Unit

DEC/Due Process
8/93

INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

- | | |
|--|--|
| <input type="checkbox"/> Initial Placement | <input type="checkbox"/> Change in Placement |
| <input type="checkbox"/> Review | <input type="checkbox"/> Exit from Program |
| <input type="checkbox"/> Reevaluation | <input checked="" type="checkbox"/> Other: <u>Addendum</u> |
| <input type="checkbox"/> Transition | <u>to add study skills</u> |

Dear Mr. & Mrs. Chanthakoumman :

Date Sent 9/22/94

Re: Kousoul Chanthakoumman (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Kousoul's special needs.

At this meeting, we would like to discuss one or more of the following:

- ☐ Ways to meet the educational needs of your child
- ☐ Evaluation results
- ☒ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP).
- ☐ Change in placement
- ☐ Educational Setting
- ☐ Identification
- ☐ Develop or change the transition plan

The following people will be involved with the meeting:

| Name | Position |
|-------------------------|-------------------|
| <u>Jill Blake</u> | <u>EC teacher</u> |
| <u>Maureen Isenhour</u> | <u>IEA Rep.</u> |
| | |
| | |

| Name | Position |
|------|----------|
| | |
| | |
| | |

The meeting is scheduled for (date) 10/5/94 , at (time) 8:00 AM , (place) Ransom Middle . If this time is inconvenient, I will be happy to reschedule the meeting.
Please call (phone) . At this meeting, you are entitled to all the due process parental rights described in the Handbook of Parents' Rights.

Sincerely,

Jill R. Blake
School Based Committee Chairperson EC teacher
Ransom Middle
School

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- ☐ I will be present for the Conference.
- ☐ I cannot meet at this time, I will contact the school in order to arrange another time.
- ☐ I cannot meet at this time. Please contact me to arrange another time.

* parent did not show for conference

Parent/Guardian Signature Kousoul Chanthakoumman

Date 9-22-94

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

2nd Notice 9/30/94 (Date) Type of Notice Phone Call

(Date Received: 9/28/94)

3rd Notice 10/3/94 (Date) Type of Notice Note Home

*Note: Retain a copy in child's folder.

White: Cumulative folder

Yellow: Parent

Pink: Notice Documentation

000157

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

DEC 5/MCA
11/91
(Part 1)

000158

Student Kosoul Chanthakummane

Grade 8 School Ranson Middle

A. Present Level(s) of Performance
(Summarize evaluation results including strengths
and needs or behavioral weaknesses):

Strengths - writing down assignments, coming
to class prepared with notebook, paper, and
pencil
Needs - organizational skills, turning
in required assignments

D.

B. Date of Beginning and Duration of Special Education and Related Services

From: 10 - 11 - 94
(month) (day) (year)
To: 5 - 24 - 95
(month) (day) (year)

C. Annual Goal(s) Given direct instruction and assistance
from the EC resource teacher and monitoring from
the reg. ed content teachers and with increased time
to complete assignments that EC study skills class
will provide, Kosoul will improve his organizational
skills and increase the frequency of handing in his
assignments.

| Short-Term Instructional Objectives in Measurable Terms | Evaluation Procedures (How) | Evaluation Schedule (When) | Date Attained (must be completed for each objective) |
|---|--|--|--|
| ① Given an organizational format, Kosoul will maintain a separate notebook with dividers for each class and keep them organized by sections for class notes, classwork, homework etc. as specified by content area teachers with 90% accuracy. | ① Weekly monitoring by EC teacher and recorded on log. | ① Dec. 15, 1994 March 15, 1995 End of IEP year | on going 12-15-94 on going 3-15-95 on going 4-26-95 |
| ② When given assignments from content area teachers, Kosoul will come to EC study skills class with those unfinished and/or difficult assignments for assistance and work on those assignments 80% of the time. | ② Teacher logs Grade Book | ② Dec. 15, 1994 March 15, 1995 End of IEP year | on going 12-15-94 on going 3-15-95 on going 4-26-95 |

*There must be short-term instructional objectives for each annual goal(s).

Use one sheet for each annual goal.

White: Cumulative Folder

Yellow: Teacher

Pink: Parent

KLONE
Administrative

DEC 5/14
8:33
(Part 1)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Kosaul Chanthaphommone

B. Date of Beginning and Duration of Special Education and Related Services

Grade 7 School Raven

A. Present Level(s) of Performance
(Summarize evaluation results including strengths and needs or behavioral weaknesses):

Kosaul has a mild bilateral hearing loss. Kosaul has a mild bilateral hearing loss with moderate to severe loss in high frequencies. This results in "missed" information. Kosaul needs to strengthen comprehension strategies. Kosaul is stronger in the area of oral communication.

From: 5 25 94
(month) (day) (year)
To: 5 24 95
(month) (day) (year)

Annual Goal(s): Given management strategies by the Teacher of the hearing impaired and given preferential seating, Kosaul will improve organizational skills and use strategies to compensate for auditory reception of information.

| Short-Term Instructional Objectives in Measurable Terms | Evaluation Procedures (How) | Evaluation Schedule (When) | Date Attained (must be completed for each objective) |
|--|--|-------------------------------|--|
| Kosaul will: ① seat himself 6-8' from the speaker & away from competing noise, in back of the academic class, 90% of the time daily. | - student demonstration of work - teacher reports | Sept. 30, 1994 | on going 9-30-94 |
| ② Kosaul will use the buddy system to supplement reception of instruction auditorially & to monitor in class organized people in each class group of the time. | - collaboration between Regular & IT teachers | Dec. 16, 1994 | on going 12-16-94 |
| ③ Kosaul will independently ask for clarification &/or repeat if he needs in each class daily. | | March 24, 1995 | on going 3-24-95 |
| | | May 24, 1995 | on going 4-26-95 |

*There must be short-term instructional objectives for each annual goal(s). Use one sheet for each annual goal. There must be present level of performance documentation to support each annual goal.

White: EC Folder Yellow: Parent Pink: Teacher

CHARLOTTE-MECKLENBURG
Local School Administrative Unit

DEC 5/HCA

038

(Part 2)

INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kousoul ChanthakummanSchool: Ransom Middle**Check Purpose:**

- ☐ Initial Entry ☐ Change in Placement
☒ Annual Review
☐ Reevaluation ☒ Other: Addendum to add EC Study Skills 10-5-1

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)*

- ☐ Academically Gifted ☐ Other Health Impaired
☐ Autistic ☐ Specific Learning Disabled
☐ Behaviorally-Emotionally Handicapped ☐ Speech-Language Impaired
☐ Deaf-Blind ☐ Traumatic Brain Injured
☒ Hearing Impaired ☐ Visually Impaired
☐ Mentally Handicapped ☐ Preschool Developmentally Delayed
☐ EMH ☐ S/PMH ☐ TMH
☐ Multihandicapped
☐ Orthopedically Impaired

II. RELATED SERVICES

- ☐ Audiology
☐ Counseling Services
☐ Occupational Therapy
☐ Physical Therapy
☐ Speech-Language
☐ Transportation
☐ Other: _____

☒ None

*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)**A. Amount of Time in Exceptional Education:**

| Type of Service | Sessions Per Wk./Mo./Yr. | Min. Per Session | Hours Per Wk. |
|--------------------------|-----------------------------|---------------------|------------------------|
| Consultation <u>HT</u> | <u>twice / month</u> | <u>30</u> | |
| Direct Special Education | <u>5 per week</u> | <u>45</u> | <u>3.75</u> <u>gpb</u> |
| Related Services | | | |
| | | | |
| | | | |

B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for the decision reached. A continuum of services must be considered.

- ☒ Regular - Less than 21% of day (up to 1 hr., 15 min.) ☐ Private Separate School - 100%
☒ Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.) ☐ Public Residential - 100%
☐ Separate - 61% or more of day (more than 3 hrs. 30 min.) ☐ Private Residential - 100%
☐ Public Separate School - 100% ☐ Home/Hospital - 100%

Preschool

- ☐ Regular* - Up to 6 hours per week ☐ Private Separate School - 100%
☐ Resource* - 6 to 12 hours per week ☐ Public Residential - 100%
☐ Separate* - more than 12 hours per week ☐ Private Residential - 100%
☐ Public Separate School - 100% ☐ Home/Hospital - 100%
☐ Home/Family - minimum 1 hour per week

*Applicable only in a classroom setting

Agency: Check where the student is receiving special services.

- ☒ 1. LEA/School in Attendance Area ☐ 3. Another LEA
☐ 2. LEA/School Not in Attendance Area ☐ 4. Other _____

The committee reviewed the full continuum of services, considered those checked above, and selected this setting because: Kousoul needs continued consultative services to help him develop & strengthen organizational & auditory comprehension & listening skills. He also needs the assistance of the EC Resources model study skills class in order to be more successful in his core classes.

White: EC Folder Yellow: Parent Pink: Teacher

000160

319

CHARLOTTE-MECKLENBURG - Local School Administrative Unit

DEC 5/HCA
8/02

(Part 2 continued)

C. Regular Program Participation: Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided.

| | | | | | | | |
|---|---------|---|--------------------|--|------------|--|-------------|
| h | Reading | n | Language Arts | | Vocational | | Recess |
| n | Math | | Spelling | | Library | | Other |
| n | Health | | Social Studies | | Chapter I | | For. Lang. |
| n | Writing | | Economics | | Homeoom | | Remediation |
| n | History | n | Physical Education | | Lunch | | |
| n | Science | | Music/Art | | Assemblies | | |

Appropriate Classroom Modification(s), if any:

- | | |
|------------------------------------|---------------------------------------|
| a. Grading | h. Audio Tapes |
| b. Peer Tutoring | i. Tape Recorder |
| c. Oral Test | j. Interpreter |
| d. Abbreviated Assignments | k. Auditory Trainer |
| e. Alternative Materials | l. Assistive Devices |
| f. Extended Test Time (Tchr. Test) | m. Computer/Typewriter/Word Processor |
| g. Large Print Books | n. Other <u>Preferential Seating</u> |

For preschool children describe how the child is involved in a regular program: N/A

IV. Transition services have been considered and: N/A

☐ Transition plan is attached.

☐ Services are stated in the IEP.

V. N.C. TESTING PROGRAM: Modifications Needed ☐ Yes (See part III) ☒ No

VI. IS ADAPTED PHYSICAL EDUCATION REQUIRED? ☐ Yes ☒ No

VII. EXTENDED SCHOOL YEAR (ESY) STATUS: N/A

☒ Is not eligible for ESY. DRB

☐ Is eligible for ESY (See goal sheet).

☐ Eligibility is under consideration and will be determined by _____ (date)

VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the IEP:

| Signatures | Position | Date |
|--|--------------------|-------------|
| <u>[Signature]</u> | LEA Representative | <u>5/28</u> |
| <u>B. Blugas</u> | Student's Teacher | <u>5-25</u> |
| <u>*parent did not show for conference after 3 attempts documented</u> | | |
| <u>Melanie H. [Signature]</u> | Parent | <u>5</u> |

IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE to add student

The following were present and participated in the development and writing of the addendum:

| Signatures | Position |
|---|--------------------|
| <u>[Signature]</u> | LEA Representative |
| <u>Jill R. Blake</u> | Student's Teacher |
| <u>*did not show for conference</u> | Parent |
| <u>letter has 3 attempts documented</u> | |

X. This IEP was reviewed following reevaluation and was found to be appropriate. An annual review of this or before ____/____/____.

| Signatures | Position |
|------------|--------------------|
| _____ | LEA Representative |
| _____ | Student's Teacher |
| _____ | Parent |

000161

White: EC Folder Yellow: Parent Pink: Teacher

320

DATE: 10/27/95TO: Eastway Middle 1ST QUARTER 1995-96 YEARSTUDENT: Kosoul John Chonthakunmee (DOB -)AT GATLING FROM 8/28/95 - 9/6/95 and 10/12/95 TO 10/27/95TOTAL DAYS OF ATTENDANCE: 12 A

GRADES ACHIEVED AT GATLING:

LANGUAGE ARTS/ENGLISH

A

MATH

B

SCIENCE

A

SOCIAL STUDIES/DECISIONS

BHealthAComputer StudiesAReadingA

COMMENTS: _____

BEHAVIOR: Satisfactory* attendance calculated
through 10/27/95

TEACHERS --

GARY KILLIAN

PENNY GREENWOOD *pyg*

CHARLOTTE-MECKLENBURG SCHOOLS

COURIER #642

875-2922 - GATLING JDC

Exhibit 3

Affidavit of Constance Lesesne

AFFIDAVIT

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Constance Lesesne who upon his oath does hereby swear and affirm that the following statements are true and correct:

1. My name is Constance Lesesne. I am a career teacher. I retired from teaching, came back for one year and then went back into retirement. I taught at Tryon Hills Elementary back in the 1990's. It was a school that served primarily low income children.
2. I taught Kosoul Chanthakoummane in the fourth grade, back in 1990. I remember him clearly. I can almost see him. He was always more to himself than anything. He was calm and quiet. He functioned below grade level. He seemed to me to understand English better than he spoke it. His speech was choppy. I remember that he did not like being picked at.
3. Kosoul did not seem to interact much with the other children. He had maybe a few friends. He was just mostly quiet and to himself. If you aggravated him, he might lash out. Otherwise, he was no problem.
4. I remember that he wanted to do things with the other students. He had that acceptance thing. He was more of a follower than a leader, in every sense of the word. He might get into little pranky things if someone else initiated it. He would fall into it, but not initiate it. I cannot remember him ever acting like a bully or trying to control the other children.
5. I had very little contact with his parents that I recall. There was a language barrier. I think I may have seen the dad on one occasion when he came for a parent conference.
6. I remember Kosoul after all these years partly because of his name. I could never pronounce it! And he was such a quiet child, unusually quiet. Children like that often have things going on that they don't talk about. I worried about him.

7. This is the first time anyone has contacted me about Kosoul. If they had contacted me, I would have shared this information with them. If subpoenaed, I would have been available at trial.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

Constance Lesane
2-28-10

SUBSCRIBED AND SWORN BEFORE ME, the undersigned Notary Public, on this the 28th day of February 2010.

Deborah T. Grey
Notary Public in and for
The State of North Carolina

12-13-2014
My commission expires

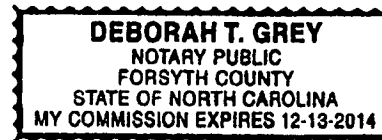


Exhibit 4

Affidavit of Marty Sloan-Clontz

AFFIDAVIT

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Marti Sloan-Clontz who upon his oath does hereby swear and affirm that the following statements are true and correct:

- 1. My name is Marti Sloan-Clontz and I am an audiologist with the Charlotte Mecklenburg School system. Before becoming an audiologist, I was a speech pathologist for nineteen years. I was working in the school system when Kosoul Chanthakoummane was a student and the records show that I tested his hearing in the fourth fifth and sixth grades, around 1990 to 1993.**
- 2. The school system had a system for screening and identifying children with problems hearing. The CMS system screened children for hearing and vision when they first came to school (kindergarten or first grade) as well as screened them if they were new to the school system. This initial screening was a mass screening, done in the school. If the child failed that screening beyond a certain level, they were then referred to the "CMS Audiology" which was the Charlotte Mecklenburg Schools Audiology Department. The child was brought into my office at that point, where a more sophisticated screening took place in the booth.**
- 3. I could make recommendations for accommodations, but I could not recommend hearing aids. That recommendation had to come from an ENT, a medical doctor. I would make a referral to an ENT if I felt hearing aids were indicated.**
- 4. The records show that Kosoul has a bilateral sensori-neural hearing loss that is moderate to severe in the higher frequencies. There are two types of hearing**

loss: conductive and sensorineural. The conductive type is in the middle ear and most frequently comes from having numerous ear infections or fluid in the ears. Sensorineural hearing loss is in the inner ear, is often associated with aging and usually has nothing to do with ear infections. Once you have this type of hearing loss you will have it forever. This type of hearing loss can be genetic. It can come from exposure to extremely loud noises. It can occur in people who have had chemotherapy. Less likely, it could have come from numerous ruptures of his eardrum. I see from my notes in his record that the otological exam showed reddened and scarred tympanic membranes. This would indicate a history of ruptures.

5. The type of hearing loss that Kosoul had would have caused difficulties picking up on high frequency sounds like "s" and "th". The "s" gives you both plurality and possession, which has bearing on being able to hear and therefore understand these concepts. With Kosoul's type of hearing loss, he would be able to hear most vowel sounds but few consonant sounds. Speech to him would sound muffled, distorted and confusing. Of course, it also has a bearing on learning how to form and use these words when learning language. Kosoul was also learning a second language, which could potentially create further difficulties. The hearing loss could cause problems with learning language as well as delaying speech. Language in turn affects how we understand the world and how we connect with other people. It certainly affects a child's self esteem when it comes to feeling different from classmates. Among the ways children are effected is being ridiculed or teased for speech that is hard to understand or different; for not being able to understand things; and from not being able to hear and therefore not be able to learn at the same speed as classmates. For Kosoul, these difficulties would have been compounded by English being a second language on top of his hearing impairment.

6. Children with this type of hearing difficulty are affected socially in other ways. They have problems misunderstanding what others may say and so may try to hold back from the situation in order to better attempt to assess what is going on. It is kind of like having a bubble over you with a lot of things going over and around you. This can lead to children not being fully engaged in the moment. Every child is different in terms of how they respond to this type of situation. It depends upon their background, their supports, and their temperament. Some will become frustrated at being so unable to grasp or understand what others seem to get so easily and they make act out. Others may withdraw. When I knew him, Kosoul was a very unhappy and withdrawn little boy. In my years of working with children from different countries, I have also seen that there are differing cultural responses to deafness. There is sometimes a fear that leads parents to refuse services. Among Asian populations, parents often do not want to hear that there is a hearing loss from the belief it makes you less of a person.
7. I remember Kosoul well. One of the main reasons I remember him is that the school people could not pronounce his name and so they changed it to John. Neither he nor his parents were consulted about this and I felt horrible about it, it made me furious. That sort of thing would never happen these days. I made an effort to learn how to pronounce both of his names and to call him by name.
8. I remember Kosoul as a very shy and very unhappy boy. I think I remember him because he was such a pitiful little guy. The first intervention that we tried with Kosoul was an FM system. This involved Kosoul wearing an FM receiver around his neck with earphones and he teacher wearing a microphone. The device was big, obvious- it made him stand out. Kosoul seemed to hate it and I think he was very unhappy about having to wear that receiver. Now the receiver and hearing aids are tiny but back then they were great big old things. Kosoul would withdraw or pull back when he saw me coming. I think he associated me with

having to wear the device. The receiver would be yet another thing that would make him feel like he did not fit in, that he was different.

9. While I did audiograms on Kosoul, I could not recommend hearing aids so I referred him to an ENT who did recommend the hearing aids. Back then, hearing aids were bigger and more obvious than they are now. It is not at all uncommon for children to not want to wear their hearing aid. Children don't want to do anything that will make them stand out as different.

10. I remember Kosoul for another reason. I examined his ears on one occasion and one of the ears appeared to be quite packed with blackened wax. The wax was so hardened that I couldn't get it out. I remember that I tried to get the parents to take him to the doctor and they didn't do it. I had to initiate a referral for the school to take him to the doctor, which would have taken weeks. I later learned after he had been taken to the doctor that he had had a dead cockroach in his ear. Most likely the roach was alive when it crawled into his ear and then couldn't back its way out. It likely would have scrabbled around in his ear trying to get out. It would have been painful as well as scary for a child. The dead roach then stayed there and the wax grew all around it. I have been an audiologist for twenty years and I can remember something like this happened maybe once in all those years. My memories of Kosoul are kind of haunting. He was just such a sad and pitiful little guy and I wished there was more I could have done for him.

11. No one from Kosoul's defense team ever came to talk to me. I would have been happy to share this information with them if they had. If subpoenaed, I would have been available to testify.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

(Marta)
Martha C. Sloan-Clontz
2-25-2010

SUBSCRIBED AND SWORN BEFORE ME, the undersigned Notary Public, on this the 25th day of February 2010.

Deborah T. Grey
Notary Public in and for the
State of North Carolina

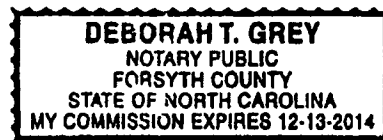


Exhibit 5

Affidavit of Sopha Chanthakoummane

AFFIDAVIT

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Monica (Sophia) *Paul* Chanthakoummane who upon his oath does hereby swear and affirm that the following statements are true and correct:

1. My brother's attorneys talked to me about testifying in his case. I went to Texas and I was willing to testify. My grandfather died and I left to go back to N.C. for the funeral with my father.
2. The attorneys did not ask me if I would come back to testify. If they had asked me, of course I would have come back. They finished the case without me. I don't understand to this day why they did that.
3. I tried calling the lawyer's from North Carolina. I needed to talk to them about testifying. They never returned any of my phone calls. I think I called five times and no one called me back.

Monica Chanthakoummane
03/14/10

Subscribed & sworn before me
the undersigned Notary Public
on this day March 14, 2010

Deborah T. Grey

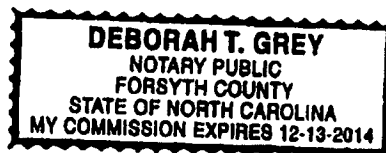


Exhibit 6

Affidavit of Pam Freeburn

AFFIDAVIT

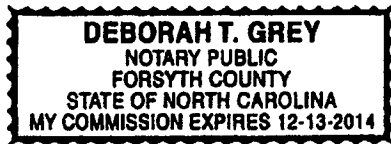
BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Pam Freeburn who upon his oath does hereby swear and affirm that the following statements are true and correct:

- 1. My name is Pam Freeburn and I work for the Mecklenburg County Department of Social Services. I remember the day that Mr. Chanthakoummane's attorneys came to our agency. I was the social work supervisor on call and spoke with them. I thought it unusual at the time that they came all this way but came to our agency without an appointment.**
- 2. I remember that the client had an unusual last name and I recall looking it up. I did tell the attorneys that there was no record in Kosoul's name. I also told them that there were several records with the last name of Chanthakoummane- and that Mr. Chanthakoummane's record could also be listed under a parent name. The attorneys did not ask me about the other records under the name Chanthakoummane, nor did they give me any other family member names to check.**
- 3. It was my observation that the attorneys seemed to be in a hurry. They said they had a plane to catch. They were not interested in follow up on the possibility of records under any other name. At their request, I wrote them a letter that we had no records under the name of Kosoul Chanthakoummane. Had they given me other family member names, I could have easily checked to see if we had records on this family.**
- 4. My understanding is that a thorough records check has now been done and that both Child Protective Services and FACET records have been located. These records were available and could have been located in 2007 when the attorneys visited our agency.**

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

Pam Freeman
03-03-10

SUBSCRIBED AND SWORN BEFORE ME, the undersigned Notary Public, on this
the 3rd day of March 2010.



Deborah T. Grey
Notary Public in and for the
State of North Carolina

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THE STATE OF TEXAS

COUNTY OF COLLIN

I, ANDREA STROH THOMPSON, DISTRICT CLERK OF THE DISTRICT COURTS, IN AND FOR COLLIN COUNTY, STATE OF TEXAS, HEREBY CERTIFY THAT THE ABOVE AND FOREGOING CONTAINS A TRUE AND CORRECT COPY OF ALL THE PROCEEDINGS DIRECTED TO BE INCLUDED IN THE TRANSCRIPT ON THE 11.071 WRIT OF HABEAS CORPUS IN

CAUSE NO. W380-81972-07-HC
STYLED: EX PARTE: KOSOUL CHANTHAKOUMMANE

AS IT APPEARS FROM THE ORIGINALS NOW ON FILE AND OF RECORD IN THIS OFFICE IN THE CITY OF MCKINNEY, TEXAS, ON THIS THE 25TH DAY OF SEPTEMBER, 2012.

ANDREA STROH THOMPSON, DISTRICT CLERK
COLLIN COUNTY, MCKINNEY, TEXAS

BY: 
DEPUTY

